

## SB0064S01 compared with SB0064

{deleted text} shows text that was in SB0064 but was deleted in SB0064S01.

inserted text shows text that was not in SB0064 but was inserted into SB0064S01.

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Senator Derrin R. Owens proposes the following substitute bill:

### BUREAU OF EMERGENCY MEDICAL SERVICES

#### AMENDMENTS

2023 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Derrin R. Owens**

House Sponsor: \_\_\_\_\_

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#### LONG TITLE

##### General Description:

This bill moves responsibilities regarding emergency medical services from the Department of Health and Human Services to the Department of Public Safety.{}

##### Highlighted Provisions:

This bill:

- ▶ moves responsibilities and oversight regarding emergency medical services from the Department of Health and Human Services to the Department of Public Safety;
- ▶ establishes the Bureau of Emergency Medical Services in statute; and
- ▶ makes technical changes.{}

##### Money Appropriated in this Bill:

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None

### Other Special Clauses:

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

This bill provides revisor instructions.

### Utah Code Sections Affected:

AMENDS:

**10-2-425**, as last amended by Laws of Utah 2019, Chapter 159  
**11-48-103**, as enacted by Laws of Utah 2021, Chapter 265  
**17B-2a-902**, as last amended by Laws of Utah 2014, Chapter 189  
**26-6b-2**, as last amended by Laws of Utah 2006, Chapter 185  
**26-9-4**, as last amended by Laws of Utah 2017, Chapter 199  
**26-18-26**, as enacted by Laws of Utah 2019, Chapter 265  
**26-21-32**, as enacted by Laws of Utah 2019, Chapter 262  
**26-21-209**, as last amended by Laws of Utah 2015, Chapter 307  
**26-23-6**, as last amended by Laws of Utah 2022, Chapter 457  
**26-37a-102**, as last amended by Laws of Utah 2016, Chapter 348  
**26-55-102**, as last amended by Laws of Utah 2017, Chapter 392  
**26B-1-204**, as renumbered and amended by Laws of Utah 2022, Chapter 255  
**34-55-102**, as enacted by Laws of Utah 2019, Chapter 126  
**34A-2-102**, as last amended by Laws of Utah 2019, Chapter 121  
**39-1-64**, as enacted by Laws of Utah 2004, Chapter 82  
**41-1a-230.7**, as enacted by Laws of Utah 2021, Chapter 395  
**41-6a-523**, as last amended by Laws of Utah 2019, Chapter 349  
**53-1-104**, as last amended by Laws of Utah 2013, Chapter 295  
**53-10-405**, as last amended by Laws of Utah 2019, Chapter 349  
**53-21-101**, as enacted by Laws of Utah 2022, Chapter 114  
**58-1-307**, as last amended by Laws of Utah 2020, Chapter 339  
**58-1-509**, as enacted by Laws of Utah 2019, Chapter 346  
**58-37-8**, as last amended by Laws of Utah 2022, Chapters 116, 415 and 430  
**59-12-801**, as last amended by Laws of Utah 2014, Chapter 50  
**62A-15-629**, as last amended by Laws of Utah 2022, Chapters 341, 374

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**62A-15-1401**, as last amended by Laws of Utah 2020, Chapter 303

**63I-1-226**, as last amended by Laws of Utah 2022, Chapters 194, 206, 224, 253, 255, 347, and 451

**63I-1-253**, as last amended by Laws of Utah 2022, Chapters 10, 30, 31, 172, 173, 194, 218, 224, 229, 236, 254, 274, and 414

**63I-2-226**, as last amended by Laws of Utah 2022, Chapters 255, 365

**63I-2-253**, as last amended by Laws of Utah 2022, Chapters 208, 229, 274, 354, 370, and 409

**63J-1-602.2**, as last amended by Laws of Utah 2022, Chapters 59, 68, 154, 224, 236, 242, and 447 and last amended by Coordination Clause, Laws of Utah 2022, Chapter 154

**63M-7-209**, as last amended by Laws of Utah 2022, Chapter 36

**67-20-2**, as last amended by Laws of Utah 2022, Chapters 346, 347 and last amended by Coordination Clause, Laws of Utah 2022, Chapter 347

**72-10-502**, as last amended by Laws of Utah 2018, Chapter 35

**76-3-203.11**, as last amended by Laws of Utah 2020, Chapter 131

**76-5-102.7**, as last amended by Laws of Utah 2022, Chapters 117, 181

**77-23-213**, as last amended by Laws of Utah 2019, Chapter 349

**78A-6-209**, as last amended by Laws of Utah 2022, Chapters 335, 430

**78B-4-501**, as last amended by Laws of Utah 2018, Chapter 62

**78B-5-902**, as last amended by Laws of Utah 2022, Chapter 255

**78B-5-904**, as enacted by Laws of Utah 2021, Chapter 208

**78B-8-401**, as last amended by Laws of Utah 2020, Fifth Special Session, Chapter 16

**80-3-404**, as last amended by Laws of Utah 2022, Chapters 255, 334

**80-3-504**, as enacted by Laws of Utah 2022, Chapter 334

### ENACTS:

**53-2d-102**, Utah Code Annotated 1953

### RENUMBERS AND AMENDS:

**53-2d-101**, (Renumbered from 26-8a-102, as last amended by Laws of Utah 2022, Chapters 255, 351 and 404)

**53-2d-103**, (Renumbered from 26-8a-105, as last amended by Laws of Utah 2019,

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- Chapter 265)
- 53-2d-104**, (Renumbered from 26-8a-103, as last amended by Laws of Utah 2022, Chapter 255)
- 53-2d-105**, (Renumbered from 26-8a-104, as last amended by Laws of Utah 2021, Chapters 237, 265)
- 53-2d-106**, (Renumbered from 26-8a-106, as last amended by Laws of Utah 2017, Chapter 326)
- 53-2d-107**, (Renumbered from 26-8a-107, as last amended by Laws of Utah 2022, Chapter 255)
- 53-2d-108**, (Renumbered from 26-8a-108, as last amended by Laws of Utah 2021, Chapter 395)
- 53-2d-201**, (Renumbered from 26-8a-201, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-202**, (Renumbered from 26-8a-202, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-203**, (Renumbered from 26-8a-203, as last amended by Laws of Utah 2022, Chapter 387)
- 53-2d-204**, (Renumbered from 26-8a-204, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-205**, (Renumbered from 26-8a-205, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-206**, (Renumbered from 26-8a-206, as last amended by Laws of Utah 2021, Chapter 208)
- 53-2d-207**, (Renumbered from 26-8a-207, as last amended by Laws of Utah 2020, Chapters 215, 230)
- 53-2d-208**, (Renumbered from 26-8a-208, as last amended by Laws of Utah 2022, Chapter 255)
- 53-2d-209**, (Renumbered from 26-8a-210, as enacted by Laws of Utah 2020, Chapter 215)
- 53-2d-210**, (Renumbered from 26-8a-211, as enacted by Laws of Utah 2020, Chapter 215)

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- 53-2d-211**, (Renumbered from 26-8a-212, as enacted by Laws of Utah 2022, Chapter 404)
- 53-2d-301**, (Renumbered from 26-8a-250, as enacted by Laws of Utah 2000, Chapter 305)
- 53-2d-302**, (Renumbered from 26-8a-251, as last amended by Laws of Utah 2019, Chapter 349)
- 53-2d-303**, (Renumbered from 26-8a-252, as enacted by Laws of Utah 2000, Chapter 305)
- 53-2d-304**, (Renumbered from 26-8a-253, as last amended by Laws of Utah 2011, Chapter 297)
- 53-2d-305**, (Renumbered from 26-8a-254, as enacted by Laws of Utah 2000, Chapter 305)
- 53-2d-401**, (Renumbered from 26-8a-301, as last amended by Laws of Utah 2021, Chapter 237)
- 53-2d-402**, (Renumbered from 26-8a-302, as last amended by Laws of Utah 2022, Chapters 255, 460)
- 53-2d-403**, (Renumbered from 26-8a-303, as last amended by Laws of Utah 2019, Chapter 265)
- 53-2d-404**, (Renumbered from 26-8a-304, as last amended by Laws of Utah 2019, Chapter 265)
- 53-2d-405**, (Renumbered from 26-8a-305, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-406**, (Renumbered from 26-8a-306, as last amended by Laws of Utah 2021, Chapter 237)
- 53-2d-407**, (Renumbered from 26-8a-307, as last amended by Laws of Utah 2021, Chapter 208)
- 53-2d-408**, (Renumbered from 26-8a-308, as last amended by Laws of Utah 2017, Chapter 326)
- 53-2d-409**, (Renumbered from 26-8a-309, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-410**, (Renumbered from 26-8a-310, as last amended by Laws of Utah 2022,

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Chapters 255, 335 and 415)

- 53-2d-410.5**, (Renumbered from 26-8a-310.5, as enacted by Laws of Utah 2021, Chapter 237)
- 53-2d-501**, (Renumbered from 26-8a-401, as last amended by Laws of Utah 2021, Chapter 265)
- 53-2d-502**, (Renumbered from 26-8a-402, as last amended by Laws of Utah 2021, Chapter 265)
- 53-2d-503**, (Renumbered from 26-8a-403, as last amended by Laws of Utah 2006, Chapter 209)
- 53-2d-504**, (Renumbered from 26-8a-404, as last amended by Laws of Utah 2022, Chapter 351)
- 53-2d-505**, (Renumbered from 26-8a-405, as last amended by Laws of Utah 2019, Chapter 390)
- 53-2d-505.1**, (Renumbered from 26-8a-405.1, as last amended by Laws of Utah 2021, Chapter 265)
- 53-2d-505.2**, (Renumbered from 26-8a-405.2, as last amended by Laws of Utah 2011, Chapter 297)
- 53-2d-505.3**, (Renumbered from 26-8a-405.3, as last amended by Laws of Utah 2021, Chapter 355)
- 53-2d-505.4**, (Renumbered from 26-8a-405.4, as last amended by Laws of Utah 2021, Chapter 265)
- 53-2d-505.5**, (Renumbered from 26-8a-405.5, as last amended by Laws of Utah 2021, Chapter 265)
- 53-2d-506**, (Renumbered from 26-8a-406, as last amended by Laws of Utah 2011, Chapter 297)
- 53-2d-507**, (Renumbered from 26-8a-407, as last amended by Laws of Utah 2008, Chapter 382)
- 53-2d-508**, (Renumbered from 26-8a-408, as last amended by Laws of Utah 2017, Chapter 326)
- 53-2d-509**, (Renumbered from 26-8a-409, as last amended by Laws of Utah 2017, Chapter 326)

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- 53-2d-510**, (Renumbered from 26-8a-410, as last amended by Laws of Utah 2011, Chapter 297)
- 53-2d-511**, (Renumbered from 26-8a-411, as last amended by Laws of Utah 2003, Chapter 213)
- 53-2d-512**, (Renumbered from 26-8a-412, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-513**, (Renumbered from 26-8a-413, as last amended by Laws of Utah 2022, Chapter 274)
- 53-2d-514**, (Renumbered from 26-8a-414, as last amended by Laws of Utah 2008, Chapter 382)
- 53-2d-515**, (Renumbered from 26-8a-415, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-516**, (Renumbered from 26-8a-416, as last amended by Laws of Utah 2022, Chapter 351)
- 53-2d-601**, (Renumbered from 26-8a-501, as last amended by Laws of Utah 2017, Chapter 326)
- 53-2d-602**, (Renumbered from 26-8a-502, as last amended by Laws of Utah 2021, Chapter 237)
- 53-2d-602.1**, (Renumbered from 26-8a-502.1, as enacted by Laws of Utah 2022, Chapter 457)
- 53-2d-603**, (Renumbered from 26-8a-503, as last amended by Laws of Utah 2019, Chapter 346)
- 53-2d-604**, (Renumbered from 26-8a-504, as last amended by Laws of Utah 2008, Chapter 382)
- 53-2d-605**, (Renumbered from 26-8a-505, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-606**, (Renumbered from 26-8a-506, as last amended by Laws of Utah 2017, Chapter 326)
- 53-2d-607**, (Renumbered from 26-8a-507, as enacted by Laws of Utah 1999, Chapter 141)
- 53-2d-701**, (Renumbered from 26-8a-601, as last amended by Laws of Utah 2021,

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**53-2d-702**, (Renumbered from 26-8a-602, as enacted by Laws of Utah 2019, Chapter 262)

**53-2d-703**, (Renumbered from 26-8a-603, as enacted by Laws of Utah 2022, Chapter 347)

**53-2d-801**, (Renumbered from 26-8b-201, as enacted by Laws of Utah 2009, Chapter 22)

**53-2d-802**, (Renumbered from 26-8b-202, as enacted by Laws of Utah 2009, Chapter 22)

**53-2d-803**, (Renumbered from 26-8b-301, as last amended by Laws of Utah 2013, Chapter 98)

**53-2d-804**, (Renumbered from 26-8b-302, as enacted by Laws of Utah 2009, Chapter 22)

**53-2d-805**, (Renumbered from 26-8b-303, as last amended by Laws of Utah 2013, Chapter 98)

**53-2d-806**, (Renumbered from 26-8b-401, as enacted by Laws of Utah 2009, Chapter 22)

**53-2d-807**, (Renumbered from 26-8b-402, as enacted by Laws of Utah 2013, Chapter 98)

**53-2d-808**, (Renumbered from 26-8b-501, as enacted by Laws of Utah 2013, Chapter 98)

**53-2d-809**, (Renumbered from 26-8b-602, as last amended by Laws of Utah 2014, Chapter 109)

**53-2d-901**, (**Renumbered from 26-8d-102, as enacted by Laws of Utah 2018, Chapter 104**)

**53-2d-902**, (**Renumbered from 26-8d-103, as enacted by Laws of Utah 2018, Chapter 104**)

**53-2d-903**, (**Renumbered from 26-8d-104, as last amended by Laws of Utah 2019, Chapter 349**)

**53-2d-904**, (**Renumbered from 26-8d-105, as last amended by Laws of Utah 2019, Chapter 349**)

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**53-2e-101**, (Renumbered from 26-8c-102, as enacted by Laws of Utah 2016, Chapter 97)

REPEALS:

**26-8a-101**, as enacted by Laws of Utah 1999, Chapter 141

**26-8b-101**, as enacted by Laws of Utah 2009, Chapter 22

**26-8b-102**, as last amended by Laws of Utah 2015, Chapter 411

**26-8b-601**, as enacted by Laws of Utah 2013, Chapter 99

**26-8c-101**, as enacted by Laws of Utah 2016, Chapter 97

**26-8d-101**, as enacted by Laws of Utah 2018, Chapter 104

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*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 notice and plat -- Recording and notice requirements --**

**Effective date of annexation or boundary adjustment.**

(1) The legislative body of each municipality that enacts an ordinance under this part approving the annexation of an unincorporated area or the adjustment of a boundary, or the legislative body of an eligible city, as defined in Section 10-2a-403, that annexes an unincorporated island upon the results of an election held in accordance with Section 10-2a-404, shall:

(a) within 60 days after enacting the ordinance or the day of the election or, in the case of a boundary adjustment, within 60 days after each of the municipalities involved in the boundary adjustment has enacted an ordinance, file with the lieutenant governor:

(i) a notice of an impending boundary action, as defined in Section 67-1a-6.5, that meets the requirements of Subsection 67-1a-6.5(3); and

(ii) a copy of an approved final local entity plat, as defined in Section 67-1a-6.5;

(b) upon the lieutenant governor's issuance of a certificate of annexation or boundary adjustment, as the case may be, under Section 67-1a-6.5:

(i) if the annexed area or area subject to the boundary adjustment is located within the boundary of a single county, submit to the recorder of that county the original notice of an impending boundary action, the original certificate of annexation or boundary adjustment, the original approved final local entity plat, and a certified copy of the ordinance approving the

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annexation or boundary adjustment; or

(ii) if the annexed area or area subject to the boundary adjustment is located within the boundaries of more than a single county:

(A) submit to the recorder of one of those counties the original notice of impending boundary action, the original certificate of annexation or boundary adjustment, and the original approved final local entity plat;

(B) submit to the recorder of each other county a certified copy of the documents listed in Subsection (1)(b)(ii)(A); and

(C) submit a certified copy of the ordinance approving the annexation or boundary adjustment to each county described in Subsections (1)(b)(ii)(A) and (B); and

(c) concurrently with Subsection (1)(b):

(i) send notice of the annexation or boundary adjustment to each affected entity; and

(ii) in accordance with Section [~~26-8a-414~~] 53-2d-514, file with the [~~Department of Health~~] Bureau of Emergency Medical Services:

(A) a certified copy of the ordinance approving the annexation of an unincorporated area or the adjustment of a boundary; and

(B) a copy of the approved final local entity plat.

(2) If an annexation or boundary adjustment under this part or Chapter 2a, Part 4, Incorporation of Metro Townships and Unincorporated Islands in a County of the First Class on and after May 12, 2015, 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 the lieutenant governor issues a certificate of annexation or boundary adjustment under Section 67-1a-6.5, 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) Each notice required under Subsection (1) relating to an annexation or boundary adjustment shall state the effective date of the annexation or boundary adjustment, as determined under Subsection (4).

(4) An annexation or boundary adjustment under this part is completed and takes effect:

(a) for the annexation of or boundary adjustment affecting an area located in a county

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of the first class, except for an annexation under Section 10-2-418:

(i) July 1 following the lieutenant governor's issuance under Section 67-1a-6.5 of a certificate of annexation or boundary adjustment if:

(A) the certificate is issued 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 the lieutenant governor's issuance under Section 67-1a-6.5 of a certificate of annexation or boundary adjustment if:

(A) the certificate is issued during the preceding May 1 through October 31; and

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

(b) subject to Subsection (5), for all other annexations and boundary adjustments, the date of the lieutenant governor's issuance, under Section 67-1a-6.5, of a certificate of annexation or boundary adjustment.

(5) If an annexation of an unincorporated island is based upon the results of an election held in accordance with Section 10-2a-404:

(a) the county and the annexing municipality may agree to a date on which the annexation is complete and takes effect; and

(b) the lieutenant governor shall issue, under Section 67-1a-6.5, a certification of annexation on the date agreed to under Subsection (5)(a).

(6) (a) As used in this Subsection (6):

(i) "Affected area" means:

(A) in the case of an annexation, the annexed area; and

(B) in the case of a boundary adjustment, any area that, as a result of the boundary adjustment, is moved from within the boundary of one municipality to within the boundary of another municipality.

(ii) "Annexing municipality" means:

(A) in the case of an annexation, the municipality that annexes an unincorporated area; and

(B) in the case of a boundary adjustment, a municipality whose boundary includes an affected area as a result of a boundary adjustment.

(b) The effective date of an annexation or boundary adjustment for purposes of assessing property within an affected area is governed by Section 59-2-305.5.

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(c) Until the documents listed in Subsection (1)(b)(i) are recorded in the office of the recorder of each county in which the property is located, a municipality may not:

- (i) levy or collect a property tax on property within an affected area;
- (ii) levy or collect an assessment on property within an affected area; or
- (iii) charge or collect a fee for service provided to property within an affected area,

unless the municipality was charging and collecting the fee within that area immediately before annexation.

Section 2. Section **11-48-103** is amended to read:

### **11-48-103. Provision of 911 ambulance services in municipalities and counties.**

(1) The governing body of each municipality and county shall, subject to [~~Title 26, Chapter 8a, Part 4, Ambulance and Paramedic Providers,~~] Title 53, Chapter 2d, Part 5, Ambulance and Paramedic Providers, ensure at least a minimum level of 911 ambulance services are provided:

(a) within the territorial limits of the municipality or county;

(b) by a ground ambulance provider, licensed by the [~~Department of Health~~] Bureau of Emergency Medical Services under [~~Title 26, Chapter 8a, Part 4, Ambulance and Paramedic Providers~~] Title 53, Chapter 2d, Part 5, Ambulance and Paramedic Providers; and

(c) in accordance with rules established by the State Emergency Medical Services Committee under [~~Subsection 26-8a-104(8).~~] Subsection 53-2d-105(8).

(2) A municipality or county may:

(a) subject to Subsection (3), maintain and support 911 ambulance services for the municipality's or county's own jurisdiction; or

(b) contract to:

(i) provide 911 ambulance services to any county, municipal corporation, local district, special service district, interlocal entity, private corporation, nonprofit corporation, state agency, or federal agency;

(ii) receive 911 ambulance services from any county, municipal corporation, local district, special service district, interlocal entity, private corporation, nonprofit corporation, state agency, or federal agency;

(iii) jointly provide 911 ambulance services with any county, municipal corporation, local district, special service district, interlocal entity, private corporation, nonprofit

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corporation, state agency, or federal agency; or

(iv) contribute toward the support of 911 ambulance services in any county, municipal corporation, local district, special service district, interlocal entity, private corporation, nonprofit corporation, state agency, or federal agency in return for 911 ambulance services.

(3) (a) A municipality or county that maintains and supports 911 ambulance services for the municipality's or county's own jurisdiction under Subsection (2)(a) shall obtain a license as a ground ambulance provider from the ~~[Department of Health]~~ Bureau of Emergency Medical Services under ~~[Title 26, Chapter 8a, Part 4, Ambulance and Paramedic Providers]~~ Title 53, Chapter 2d, Part 5, Ambulance and Paramedic Providers.

(b) ~~[Subsections 26-8a-405]~~ Subsections 53-2d-505 through ~~[26-8a-405.3]~~ 53-2d-505.3 do not apply to a license described in Subsection (3)(a).

Section 3. Section **17B-2a-902** is amended to read:

### **17B-2a-902. Provisions applicable to service areas.**

(1) Each service area is governed by and has the powers stated in:

(a) this part; and

(b) except as provided in Subsection (5), Chapter 1, Provisions Applicable to All Local Districts.

(2) This part applies only to service areas.

(3) A service area is not subject to the provisions of any other part of this chapter.

(4) If there is a conflict between a provision in Chapter 1, Provisions Applicable to All Local Districts, and a provision in this part, the provision in this part governs.

(5) (a) Except as provided in Subsection (5)(b), on or after December 31, 2012, a service area may not charge or collect a fee under Section 17B-1-643 for:

(i) law enforcement services;

(ii) fire protection services;

(iii) 911 ambulance or paramedic services as defined in Section ~~[26-8a-102]~~ 53-2d-101 that are provided under a contract in accordance with Section ~~[26-8a-405.2]~~ 53-2d-505.2; or

(iv) emergency services.

(b) Subsection (5)(a) does not apply to:

(i) a fee charged or collected on an individual basis rather than a general basis;

(ii) a non-911 service as defined in Section ~~[26-8a-102]~~ ~~{ 53-2d-101 }~~ 53-2d- that is

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provided under a contract in accordance with Section ~~[26-8a-405.2]~~ 53-2d-505.2;

(iii) an impact fee charged or collected for a public safety facility as defined in Section 11-36a-102; or

(iv) a service area that includes within the boundary of the service area a county of the fifth or sixth class.

Section 4. 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]~~ 53-2d-1;

(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;

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(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 5. Section **26-9-4** is amended to read:

**26-9-4. Rural Health Care Facilities Account -- 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~~] 53-2d-101.

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

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

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

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

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

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

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

(2) There is created a restricted account within the General Fund known as the "Rural Health Care Facilities Account."

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

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

(4) Subject to Subsections (5) and (6), the State Tax Commission shall for a fiscal year distribute money deposited into the restricted account to each:

(a) county legislative body of a county that, on January 1, 2007, imposes a tax in

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accordance with Section 59-12-802 and has not repealed the tax; or

(b) city legislative body of a city that, on January 1, 2007, imposes a tax in accordance with Section 59-12-804 and has not repealed the tax.

(5) (a) Subject to Subsection (6), 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) (A) for fiscal years ending before fiscal year 2018, 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

(B) beginning in fiscal year 2018, 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 \$218,809.33;

(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 restricted account 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) If a county legislative body repeals a tax imposed under Section 59-12-802 or a city legislative body repeals a tax imposed under Section 59-12-804:

(a) the commission shall determine in accordance with Subsection (5) the distribution that, but for this Subsection (6), the county legislative body or city legislative body would receive; and

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(b) after making the determination required by Subsection (6)(a), the commission shall:

(i) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 59-12-804 is October 1:

(A) (I) distribute to the county legislative body or city legislative body 25% of the distribution determined in accordance with Subsection (6)(a); and

(II) deposit 75% of the distribution determined in accordance with Subsection (6)(a) into the General Fund; and

(B) beginning with the first fiscal year after the effective date of the repeal and for each subsequent fiscal year, deposit the entire amount of the distribution determined in accordance with Subsection (6)(a) into the General Fund;

(ii) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 59-12-804 is January 1:

(A) (I) distribute to the county legislative body or city legislative body 50% of the distribution determined in accordance with Subsection (6)(a); and

(II) deposit 50% of the distribution determined in accordance with Subsection (6)(a) into the General Fund; and

(B) beginning with the first fiscal year after the effective date of the repeal and for each subsequent fiscal year, deposit the entire amount of the distribution determined in accordance with Subsection (6)(a) into the General Fund;

(iii) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 59-12-804 is April 1:

(A) (I) distribute to the county legislative body or city legislative body 75% of the distribution determined in accordance with Subsection (6)(a); and

(II) deposit 25% of the distribution determined in accordance with Subsection (6)(a) into the General Fund; and

(B) beginning with the first fiscal year after the effective date of the repeal and for each subsequent fiscal year, deposit the entire amount of the distribution determined in accordance with Subsection (6)(a) into the General Fund; or

(iv) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 59-12-804 is July 1, beginning on that effective date and for each subsequent fiscal year, deposit the entire amount of the distribution determined in accordance with Subsection (6)(a)

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into the General Fund.

(7) (a) Subject to Subsection (7)(b) and Section 59-12-802, a county legislative body shall distribute the money the county legislative body receives in accordance with Subsection (5) or (6):

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

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

(A) rural 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 (7)(a)(ii)(A) through (E).

(b) A county legislative body shall distribute the money the county legislative body receives in accordance with Subsection (5) or (6) to a center, clinic, facility, or service described in Subsection (7)(a) as determined by the county legislative body.

(c) A center, clinic, facility, or service that receives a distribution in accordance with this Subsection (7) shall expend that distribution for the same purposes for which money collected from a tax under Section 59-12-802 may be expended.

(8) (a) Subject to Subsection (8)(b), a city legislative body shall distribute the money the city legislative body receives in accordance with Subsection (5) or (6) to fund rural city hospitals in that city.

(b) A city legislative body shall distribute a percentage of the money the city legislative body receives in accordance with Subsection (5) or (6) to each rural city hospital described in Subsection (8)(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) or (6).

(c) A rural city hospital that receives a distribution in accordance with this Subsection (8) shall expend that distribution for the same purposes for which money collected from a tax under Section 59-12-804 may be expended.

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(9) Any money remaining in the Rural Health Care Facilities Account 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 6. Section **26-18-26** is amended to read:

**26-18-26. Reimbursement for nonemergency secured behavioral health transport providers.**

The department may not reimburse a nonemergency secured behavioral health transport provider that is designated under Section [~~26-8a-303~~] 53-2d-403.

Section 7. Section **26-21-32** is amended to read:

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

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

(a) provide the patient or the patient's representative with the information described in Subsection [~~26-8a-107(7)(a)~~] 53-2d-107(8)(a) before contacting an air medical transport provider; and

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

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

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

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

Section 8. Section **26-21-209** is amended to read:

**26-21-209. Direct Access Clearance System database -- Contents -- Use.**

(1) The department shall create and maintain a Direct Access Clearance System database, which:

(a) includes the names of individuals for whom [~~the department has received~~]:

(i) the department has received an application for clearance under this part; or

(ii) the Bureau of Emergency Medical Services has received an application for

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background clearance under Section ~~[26-8a-310]~~ 53-2d-410; and

(b) indicates whether an application is pending and whether clearance has been granted and retained for:

(i) an applicant under this part; and

(ii) an applicant for background clearance under Section ~~[26-8a-310]~~ 53-2d-410.

(2) (a) The department shall allow covered providers and covered contractors to access the database electronically.

(b) Data accessible to a covered provider or covered contractor is limited to the information under Subsections (1)(a)(i) and (1)(b)(i) for:

(i) covered individuals engaged by the covered provider or covered contractor; and

(ii) individuals:

(A) whom the covered provider or covered contractor could engage as covered individuals; and

(B) who have provided the covered provider or covered contractor with sufficient personal identification information to uniquely identify the individual in the database.

(c) (i) The department may establish fees, in accordance with Section 63J-1-504, for use of the database by a covered contractor.

(ii) The fees may include, in addition to any fees established by the department under Subsection 26-21-204(9), an initial set-up fee, an ongoing access fee, and a per-use fee.

Section 9. Section **26-23-6** is amended to read:

### **26-23-6. Criminal and civil penalties and liability for violations.**

(1) (a) Any person, association, corporation, or an officer of a person, an association, or a corporation, who violates any provision of this chapter or lawful orders of the department or a local health department in a criminal proceeding is guilty of a class B misdemeanor for the first violation, and for any subsequent similar violation within two years, is guilty of a class A misdemeanor, except this section does not establish the criminal penalty for a violation of Section 26-23-5.5 [~~or Section 26-8a-502.1~~].

(b) Conviction in a criminal proceeding does not preclude the department or a local health department from assessment of any civil penalty, administrative civil money penalty or to deny, revoke, condition, or refuse to renew a permit, license, or certificate or to seek other injunctive or equitable remedies.

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(2) (a) Subject to Subsections (2)(c) and (d), any association, corporation, or an officer of an association or a corporation, who violates any provision of this title or lawful orders of the department or a local health department, or rules adopted under this title by the department:

(i) may be assessed, in a judicial civil proceeding, a penalty not to exceed the sum of \$5,000 per violation; or

(ii) may be assessed, in an administrative action in accordance with Title 63G, Chapter 4, Administrative Procedures Act, or similar procedures adopted by local or county government, a penalty not to exceed the sum of \$5,000 per violation.

(b) Subject to Subsections (2)(c) and (d), an individual who violates any provision of this title or lawful orders of the department or a local health department, or rules adopted under this title by the department:

(i) may be assessed, in a judicial civil proceeding, a penalty not to exceed the sum of \$150 per violation; or

(ii) may be assessed, in an administrative action in accordance with Title 63G, Chapter 4, Administrative Procedures Act, or similar procedures adopted by local or county government, a penalty not to exceed the sum of \$150 per violation.

(c) (i) Except as provided in Subsection (2)(c)(ii), a penalty described in Subsection (2)(a) or (b) may only be assessed against the same individual, association, or corporation one time in a calendar week.

(ii) Notwithstanding Subsection (2)(c)(i), an individual, an association, a corporation, or an officer of an association or a corporation, who willfully disregards or recklessly violates a provision of this title or lawful orders of the department or a local health department, or rules adopted under this title by the department, may be assessed a penalty as described in Subsection (2)(a) for each day of violation if it is determined that the violation is likely to result in a serious threat to public health.

(d) Upon reasonable cause shown in judicial civil proceeding or an administrative action, a penalty imposed under this Subsection (2) may be waived or reduced.

(3) Assessment of any civil penalty or administrative penalty does not preclude the department or a local health department from seeking criminal penalties or to deny, revoke, impose conditions on, or refuse to renew a permit, license, or certificate or to seek other injunctive or equitable remedies.

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(4) In addition to any penalties imposed under Subsection (1), a person, association, corporation, or an officer of a person, an association, or a corporation, is liable for any expense incurred by the department in removing or abating any health or sanitation violations, including any nuisance, source of filth, cause of sickness, or dead animal.

Section 10. Section **26-37a-102** is amended to read:

### **26-37a-102. Definitions.**

As used in this chapter:

(1) "Ambulance service provider" means:

- (a) an ambulance provider as defined in Section 26-8a-102; or
- (b) a non-911 service provider as defined in Section 26-8a-102.

(2) "Assessment" means the Medicaid ambulance service provider assessment established by this chapter.

(3) "Division" means the Division of Health Care Financing within the department.

(4) "Non-federal portion" means the non-federal share the division needs to seed amounts that will support fee-for-service ambulance service provider rates, as described in Section 26-37a-105.

(5) "Total transports" means the number of total ambulance transports applicable to a given fiscal year, as determined under Subsection [~~26-37a-104(5);~~] 26-37a-104(5).

Section 11. Section **26-55-102** is amended to read:

### **26-55-102. Definitions.**

As used in this chapter:

(1) "Controlled substance" means the same as that term is defined in Title 58, Chapter 37, Utah Controlled Substances Act.

(2) "Dispense" means the same as that term is defined in Section 58-17b-102.

(3) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 21, Health Care Facility Licensing and Inspection Act.

(4) "Health care provider" means:

- (a) a physician, as defined in Section 58-67-102;

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- (b) an advanced practice registered nurse, as defined in Section 58-31b-102;
- (c) a physician assistant, as defined in Section 58-70a-102; or
- (d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.

(5) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.

(6) "Local health department" means:

- (a) a local health department, as defined in Section 26A-1-102; or
- (b) a multicounty local health department, as defined in Section 26A-1-102.

(7) "Opiate" means the same as that term is defined in Section 58-37-2.

(8) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.

(9) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.

(10) "Overdose outreach provider" means:

- (a) a law enforcement agency;
- (b) a fire department;
- (c) an emergency medical service provider, as defined in Section ~~[26-8a-102]~~

53-2d-101;

(d) emergency medical service personnel, as defined in Section ~~[26-8a-102]~~ 53-2d-101;

(e) an organization providing treatment or recovery services for drug or alcohol use;

(f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;

(g) an organization providing substance use or mental health services under contract with a local substance abuse authority, as defined in Section 62A-15-102, or a local mental health authority, as defined in Section 62A-15-102;

- (h) an organization providing services to the homeless;
- (i) a local health department;

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(j) an individual licensed to practice pharmacy under Title 58, Chapter 17b, Pharmacy Practice Act; or

(k) an individual.

(11) "Patient counseling" means the same as that term is defined in Section 58-17b-102.

(12) "Pharmacist" means the same as that term is defined in Section 58-17b-102.

(13) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.

(14) "Prescribe" means the same as that term is defined in Section 58-17b-102.

Section 12. Section **26B-1-204** is amended to read:

**26B-1-204. Creation of boards, divisions, and offices -- Power to organize department.**

(1) The executive director shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and not inconsistent with law for:

(a) the administration and government of the department;

(b) the conduct of the department's employees; and

(c) the custody, use, and preservation of the records, papers, books, documents, and property of the department.

(2) The following policymaking boards, councils, and committees are created within the Department of Health and Human Services:

(a) Board of Aging and Adult Services;

(b) Utah State Developmental Center Board;

(c) Health Advisory Council;

(d) Health Facility Committee;

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

~~[(f) Air Ambulance Committee;]~~

~~[(g)]~~ (e) Health Data Committee;

~~[(h)]~~ (f) Utah Health Care Workforce Financial Assistance Program Advisory Committee;

~~[(i)]~~ (g) Residential Child Care Licensing Advisory Committee;

~~[(j)]~~ (h) Child Care Center Licensing Committee;

~~[(k)]~~ (i) Primary Care Grant Committee;

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~~(f)~~ (j) Adult Autism Treatment Program Advisory Committee;

~~(m)~~ (k) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention

Committee; and

~~(n)~~ (l) any boards, councils, or committees that are created by statute in:

(i) this title;

(ii) Title 26, Utah Health Code; or

(iii) Title 62A, Utah Human Services Code.

(3) The following divisions are created within the Department of Health and Human

Services:

(a) relating to operations:

(i) the Division of Finance and Administration;

(ii) the Division of Licensing and Background Checks;

(iii) the Division of Customer Experience;

(iv) the Division of Data, Systems, and Evaluation; and

(v) the Division of Continuous Quality Improvement;

(b) relating to healthcare administration:

(i) the Division of Integrated Healthcare, which shall include responsibility for:

(A) the state's medical assistance programs; and

(B) behavioral health programs described in Title 62A, Chapter 15, Substance Abuse

and Mental Health Act;

(ii) the Division of Aging and Adult Services; and

(iii) the Division of Services for People with Disabilities; and

(c) relating to community health and well-being:

(i) the Division of Child and Family Services;

(ii) the Division of Family Health;

(iii) the Division of Population Health;

(iv) the Division of Juvenile Justice and Youth Services; and

(v) the Office of Recovery Services.

(4) The executive director may establish offices and bureaus to facilitate management of the department as required by, and in accordance with:

(a) this title;

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- (b) Title 26, Utah Health Code; and
- (c) Title 62A, Utah Human Services Code.

(5) From July 1, 2022, through June 30, 2023, the executive director may adjust the organizational structure relating to the department, including the organization of the department's divisions and offices, notwithstanding the organizational structure described in:

- (a) this title;
- (b) Title 26, Utah Health Code; or
- (c) Title 62A, Utah Human Services Code.

Section 13. Section **34-55-102** is amended to read:

### **34-55-102. Definitions.**

(1) "Emergency" means a condition in any part of this state that requires state government emergency assistance to supplement the local efforts of the affected political subdivision to save lives and to protect property, public health, welfare, or safety in the event of a disaster, or to avoid or reduce the threat of a disaster.

(2) "Emergency services volunteer" means:

- (a) a volunteer firefighter as defined in Section 49-16-102;
- (b) an individual licensed under Section [~~26-8a-302~~] 53-2d-402; or
- (c) an individual mobilized as part of a posse comitatus.

(3) "Employer" means a person, including the state or a political subdivision of the state, that has one or more workers employed in the same business, or in or about the same establishment, under any contract of hire, express or implied, oral or written.

(4) "Public safety agency" means a governmental entity that provides fire protection, law enforcement, ambulance, medical, or other emergency services.

Section 14. Section **34A-2-102** is amended to read:

### **34A-2-102. Definition of terms.**

(1) As used in this chapter:

(a) "Average weekly wages" means the average weekly wages as determined under Section 34A-2-409.

(b) "Award" means a final order of the commission as to the amount of compensation due:

- (i) an injured employee; or

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- (ii) a dependent of a deceased employee.
- (c) "Compensation" means the payments and benefits provided for in this chapter or Chapter 3, Utah Occupational Disease Act.
  - (d) (i) "Decision" means a ruling of:
    - (A) an administrative law judge; or
    - (B) in accordance with Section 34A-2-801:
      - (I) the commissioner; or
      - (II) the Appeals Board.
  - (ii) "Decision" includes:
    - (A) an award or denial of a medical, disability, death, or other related benefit under this chapter or Chapter 3, Utah Occupational Disease Act; or
    - (B) another adjudicative ruling in accordance with this chapter or Chapter 3, Utah Occupational Disease Act.
  - (e) "Director" means the director of the division, unless the context requires otherwise.
  - (f) "Disability" means an administrative determination that may result in an entitlement to compensation as a consequence of becoming medically impaired as to function. Disability can be total or partial, temporary or permanent, industrial or nonindustrial.
  - (g) "Division" means the Division of Industrial Accidents.
  - (h) "First responder" means:
    - (i) a law enforcement officer, as defined in Section 53-13-103;
    - (ii) an emergency medical technician, as defined in Section ~~[26-8c-102]~~ 53-2e-101;
    - (iii) an advanced emergency medical technician, as defined in Section ~~[26-8c-102]~~ 53-2e-101;
    - (iv) a paramedic, as defined in Section ~~[26-8c-102]~~ 53-2e-101;
    - (v) a firefighter, as defined in Section 34A-3-113;
    - (vi) a dispatcher, as defined in Section 53-6-102; or
    - (vii) a correctional officer, as defined in Section 53-13-104.
  - (i) "Impairment" is a purely medical condition reflecting an anatomical or functional abnormality or loss. Impairment may be either temporary or permanent, industrial or nonindustrial.
  - (j) "Order" means an action of the commission that determines the legal rights, duties,

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privileges, immunities, or other interests of one or more specific persons, but not a class of persons.

(k) (i) "Personal injury by accident arising out of and in the course of employment" includes an injury caused by the willful act of a third person directed against an employee because of the employee's employment.

(ii) "Personal injury by accident arising out of and in the course of employment" does not include a disease, except as the disease results from the injury.

(l) "Safe" and "safety," as applied to employment or a place of employment, means the freedom from danger to the life or health of employees reasonably permitted by the nature of the employment.

(2) As used in this chapter and Chapter 3, Utah Occupational Disease Act:

(a) "Brother or sister" includes a half brother or sister.

(b) "Child" includes:

(i) a posthumous child; or

(ii) a child legally adopted prior to an injury.

Section 15. 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~~] 53-2d-402.

(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

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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 16. Section **41-1a-230.7** is amended to read:

**41-1a-230.7. Registration checkoff for supporting emergency medical services and search and rescue operations.**

(1) A person who applies for a motor vehicle registration or registration renewal may designate a voluntary contribution of \$3 for the purpose of supporting:

- (a) the Emergency Medical Services Grant Program; and
- (b) the Search and Rescue Financial Assistance Program.

(2) This contribution shall be:

- (a) collected by the division;
- (b) treated as a voluntary contribution and not as a motor vehicle or off-highway vehicle registration fee; and

(c) distributed equally to the Emergency Medical Services System Account created in Section [~~26-8a-108~~] 53-2d-108 and the Search and Rescue Financial Assistance Program created in Section 53-2a-1102 at least monthly, less actual administrative costs associated with collecting and transferring the contributions.

(3) In addition to the administrative costs deducted under Subsection (2)(c), the division may deduct the first \$1,000 collected to cover costs incurred to change the registration form.

Section 17. Section **41-6a-523** is amended to read:

**41-6a-523. Persons authorized to draw blood -- Immunity from liability.**

(1) (a) Only the following, acting at the request of a peace officer, may draw blood to determine its alcohol or drug content:

- (i) a physician;
- (ii) a physician assistant;
- (iii) a registered nurse;
- (iv) a licensed practical nurse;

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(v) a paramedic;

(vi) as provided in Subsection (1)(b), emergency medical service personnel other than paramedics; or

(vii) a person with a valid permit issued by the Department of Health under Section 26-1-30.

(b) The ~~[Department of Health]~~ Bureau of Emergency Medical Services may designate by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency medical service personnel, as defined in Section ~~[26-8a-102]~~ 53-2d-101, are authorized to draw blood under Subsection (1)(a)(vi), based on the type of license under Section ~~[26-8a-302]~~ 53-2d-402.

(c) Subsection (1)(a) does not apply to taking a urine, breath, or oral fluid specimen.

(2) The following are immune from civil or criminal liability arising from drawing a blood sample from a person whom a peace officer has reason to believe is driving in violation of this chapter, if the sample is drawn in accordance with standard medical practice:

(a) a person authorized to draw blood under Subsection (1)(a); and

(b) if the blood is drawn at a hospital or other medical facility, the medical facility.

Section 18. Section **53-1-104** is amended to read:

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

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

(a) the State Emergency Medical Services Committee created in Section 53-2d-104;

(b) the Air Ambulance Committee created in Section 53-2d-107;

(c) the Driver License Medical Advisory Board, created in Section 53-3-303;

~~[(b)]~~ (d) the Concealed Firearm Review Board, created in Section 53-5-703;

~~[(c)]~~ (e) the Utah Fire Prevention Board, created in Section 53-7-203;

~~[(d)]~~ (f) the Liquified Petroleum Gas Board, created in Section 53-7-304; and

~~[(e)]~~ (g) the Private Investigator Hearing and Licensure Board, created in Section 53-9-104.

(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.

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- (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 Emergency Management, created in Section 53-2a-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 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 Office of Executive Protection is created in Section 53-1-112.
- (5) The following are the bureaus within the department:
- (a) the Bureau of Emergency Medical Services, created in Section 53-2d-102;
  - (b) the Bureau of Criminal Identification, created in Section 53-10-201;
  - ~~(b)~~ (c) the State Bureau of Investigation, created in Section 53-10-301;
  - ~~(c)~~ (d) the Bureau of Forensic Services, created in Section 53-10-401; and
  - ~~(d)~~ (e) the Bureau of Communications, created in Section 53-10-501.

Section 19. Section **53-2d-101**, which is renumbered from Section 26-8a-102 is renumbered and amended to read:

### CHAPTER 2d. Emergency Medical Services Act

#### Part 1. General Provisions

~~[26-8a-102].~~      **53-2d-101. 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 services" does not mean a seven or 10 digit

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telephone call received directly by an ambulance provider licensed under this chapter.

(2) "Account" means the Automatic External Defibrillator Restricted Account, created in Section 53-2d-809.

~~[(2)]~~ (3) "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]~~ 53-2d-404 to operate in the state.

~~[(3)]~~ (4) "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]~~

Part 5, Ambulance and Paramedic Providers.

(5) "Automatic external defibrillator" or "AED" means an automated or automatic computerized medical device that:

(a) has received pre-market notification approval from the United States Food and Drug Administration, pursuant to 21 U.S.C. Sec. 360(k);

(b) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia;

(c) is capable of determining, without intervention by an operator, whether defibrillation should be performed; and

(d) upon determining that defibrillation should be performed, automatically charges, enabling delivery of, or automatically delivers, an electrical impulse through the chest wall and to an individual's heart.

~~[(4)]~~ (6) (a) "Behavioral emergency services" means delivering a behavioral health intervention to a patient in an emergency context within a scope and in accordance with guidelines established by the department.

(b) "Behavioral emergency services" does not include engaging in the:

- (i) practice of mental health therapy as defined in Section 58-60-102;
- (ii) practice of psychology as defined in Section 58-61-102;
- (iii) practice of clinical social work as defined in Section 58-60-202;
- (iv) practice of certified social work as defined in Section 58-60-202;
- (v) practice of marriage and family therapy as defined in Section 58-60-302;

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(vi) practice of clinical mental health counseling as defined in Section 58-60-402; or

(vii) practice as a substance use disorder counselor as defined in Section 58-60-502.

(7) "Bureau" means the Bureau of Emergency Medical Services created in Section 53-2d-102.

(8) "Cardiopulmonary resuscitation" or "CPR" means artificial ventilation or external chest compression applied to a person who is unresponsive and not breathing.

~~(5)~~ (9) "Committee" means the State Emergency Medical Services Committee created by Section ~~[26B-1-204]~~ 53-2d-104.

~~(6)~~ (10) "Community paramedicine" means medical care:

(a) provided by emergency medical service personnel; and

(b) provided to a patient who is not:

(i) in need of ambulance transportation; or

(ii) located in a health care facility as defined in Section 26-21-2.

(11) "Division" means the Division of Emergency Management created in Section 53-2a-103.

~~(7)~~ ~~(11)~~ (12) "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.

~~(8)~~ ~~(12)~~ (13) "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 the physician's designee requires direct medical observation during transport or may require the intervention of an individual licensed under Section ~~[26-8a-302]~~ 53-2d-402 during transport.

~~(13)~~ (14) "Emergency medical dispatch center" means a public safety answering point, as defined in Section 63H-7a-103, that is designated as an emergency medical dispatch center by the bureau.

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~~[(9)]~~ ~~(~~14~~;15)~~ (a) "Emergency medical service personnel" means an individual who provides emergency medical services or behavioral emergency services to a patient and is required to be licensed or certified under Section ~~[26-8a-302]~~ 53-2d-402.

(b) "Emergency medical service personnel" includes a paramedic, medical director of a licensed emergency medical service provider, emergency medical service instructor, behavioral emergency services technician, other categories established by the committee, and a certified emergency medical dispatcher.

~~[(10)]~~ ~~(~~15~~;16)~~ "Emergency medical service providers" means:

(a) licensed ambulance providers and paramedic providers;

(b) a facility or provider that is required to be designated under Subsection ~~[26-8a-303(1)(a);]~~ 53-2d-403(1)(a); and

(c) emergency medical service personnel.

~~[(11)]~~ ~~(~~16~~;17)~~ "Emergency medical services" means:

(a) medical services;

(b) transportation services;

(c) behavioral emergency services; or

(d) any combination of the services described in Subsections ~~[(11)]~~ (16)(a) through (c).

~~[(12)]~~ ~~(~~17~~;18)~~ "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]~~ 53-2d-404.

~~[(13)]~~ ~~(~~18~~;19)~~ "Governing body":

(a) means the same as that term is 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.

~~[(14)]~~ ~~(~~19~~;20)~~ "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~~

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~~Providers]~~ Part 5, 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]~~ Part 5, Ambulance and Paramedic Providers; or

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

~~[(15)]~~ ~~(~~20~~;21)~~ "Level of service" means the level at which an ambulance provider type of service is licensed as:

- (a) emergency medical technician;
- (b) advanced emergency medical technician; or
- (c) paramedic.

~~[(16)]~~ ~~(~~21~~;22)~~ "Medical control" means a person who provides medical supervision to an emergency medical service provider.

~~[(17)]~~ ~~(~~22~~;23)~~ "Non-911 service" means transport of a patient that is not 911 transport under Subsection (1).

~~[(18)]~~ ~~(~~23~~;24)~~ "Nonemergency secured behavioral health transport" means an entity that:

(a) provides nonemergency secure transportation services for an individual who:

(i) is not required to be transported by an ambulance under Section ~~[26-8a-305]~~ 53-2d-405; and

(ii) requires behavioral health observation during transport between any of the following facilities:

- (A) a licensed acute care hospital;
  - (B) an emergency patient receiving facility;
  - (C) a licensed mental health facility; and
  - (D) the office of a licensed health care provider; and
- (b) is required to be designated under Section ~~[26-8a-303]~~ 53-2d-403.

~~[(19)]~~ ~~(~~24~~;25)~~ "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]~~ Part 5, Ambulance and Paramedic Providers.

~~[(20)]~~ ~~(~~25~~;26)~~ "Patient" means an individual who, as the result of illness, injury, or a

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behavioral emergency condition, meets any of the criteria in Section 26-8a-305.

[(21)] (~~26~~27) "Political subdivision" means:

(a) a city, town, or metro township;

(b) a county;

(c) a special service district created under Title 17D, Chapter 1, Special Service District Act, for the purpose of providing fire protection services under Subsection 17D-1-201(9);

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

(e) areas coming together as described in Subsection [26-8a-405.2(2)(b)(ii);] 53-2d-505.2(2)(b)(ii); or

(f) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act.

(~~27~~28) "Sudden cardiac arrest" means a life-threatening condition that results when a person's heart stops or fails to produce a pulse.

[(22)] (~~28~~29) "Trauma" means an injury requiring immediate medical or surgical intervention.

[(23)] (~~29~~30) "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.

[(24)] (~~30~~31) "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.

[(25)] (~~31~~32) "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.

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[(26)] ~~(32)~~(33) "Type of service" means the category at which an ambulance provider is licensed as:

- (a) ground ambulance transport;
- (b) ground ambulance interfacility transport; or
- (c) both ground ambulance transport and ground ambulance interfacility transport.

Section 20. Section **53-2d-102** is enacted to read:

### **53-2d-102. Bureau of Emergency Medical Services -- Creation -- Bureau chief appointment, qualifications, and compensation.**

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

(2) The bureau shall be administered by a bureau chief appointed by the division director with the approval of the commissioner.

(3) The bureau chief shall be experienced in administration and possess additional qualifications as determined by the division director and as provided by law.

(4) The bureau chief acts under the supervision and control of the division director and may be removed from the position at the will of the commissioner.

(5) The bureau chief shall receive compensation as provided by Title 63A, Chapter 17, Utah State Personnel Management Act.

Section 21. Section **53-2d-103**, which is renumbered from Section 26-8a-105 is renumbered and amended to read:

### ~~[26-8a-105].~~ **53-2d-103. Bureau duties -- Data sharing.**

(1) The [department] bureau shall:

~~[(1)]~~ (a) coordinate the emergency medical services within the state;

~~[(2)]~~ (b) ~~[administer this chapter and the rules established pursuant to it;]~~ administer any programs and applicable rules created under this chapter;

~~[(3)]~~ (c) establish a voluntary task force representing a diversity of emergency medical service providers to advise the [department] bureau and the committee on rules;

~~[(4)]~~ (d) establish an emergency medical service personnel peer review board to advise the [department] bureau concerning discipline of emergency medical service personnel under this chapter; and

~~[(5)]~~ (e) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

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~~[(a)]~~ (i) license ambulance providers and paramedic providers;

~~[(b)]~~ (ii) permit ambulances, emergency medical response vehicles, and nonemergency secured behavioral health transport vehicles, including approving an emergency vehicle operator's course in accordance with Section ~~[26-8a-304]~~ 53-2d-404;

~~[(c)]~~ (iii) establish:

~~[(i)]~~ (A) the qualifications for membership of the peer review board created by this section;

~~[(ii)]~~ (B) a process for placing restrictions on a license while an investigation is pending;

~~[(iii)]~~ (C) the process for the investigation and recommendation by the peer review board; and

~~[(iv)]~~ (D) the process for determining the status of a license while a peer review board investigation is pending;

~~[(d)]~~ (iv) establish application, submission, and procedural requirements for licenses, designations, and permits; and

~~[(e)]~~ (v) establish and implement the programs, plans, and responsibilities as specified in other sections of this chapter.

(2) (a) The bureau shall share data related to the bureau's duties with the Department of Health and Human Services.

(b) The Department of Health and Human Services shall share data related to the bureau's duties with the bureau.

(c) All data collected by the bureau under this chapter is subject to Title 26, Chapter 3, Health Statistics, including data privacy protections.

Section 22. Section **53-2d-104**, which is renumbered from Section 26-8a-103 is renumbered and amended to read:

~~[26-8a-103].~~      **53-2d-104. State Emergency Medical Services Committee -- Membership -- Expenses.**

(1) ~~[The]~~ There is created the State Emergency Medical Services Committee ~~[created by Section 26B-1-204 shall].~~

(2) The committee shall be composed of the following 19 members appointed by the governor, at least six of whom shall reside in a county of the third, fourth, fifth, or sixth class:

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(a) five physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, 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) two representatives from private ambulance providers;

(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)~~] (2)(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;

(i) one emergency medical technician in active field practice;

(j) one certified emergency medical dispatcher affiliated with an emergency medical dispatch center;

(k) one licensed mental health professional with experience as a first responder;

(l) one licensed behavioral emergency services technician; and

(m) one consumer.

~~(2)~~ (3) (a) Except as provided in Subsection [~~(2)(b)~~] (3)(b), members shall be appointed to a four-year term beginning July 1.

(b) Notwithstanding Subsection [~~(2)(a)~~] (3)(a), the governor:

(i) shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the

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committee is appointed every two years;

(ii) may not reappoint a member for more than two consecutive terms; and

(iii) shall:

(A) initially appoint the second member under Subsection [~~(1)(b)~~] (2)(b) from a different private provider than the private provider currently serving under Subsection [~~(1)(b)~~] (2)(b); and

(B) thereafter stagger each replacement of a member in Subsection [~~(1)(b)~~] (2)(b) so that the member positions under Subsection [~~(1)(b)~~] (2)(b) are not held by representatives of the same private provider.

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

~~[(3)]~~ (4) (a) (i) Each January, the committee shall organize and select one of the committee's members as chair and one member as vice chair.

(ii) The committee may organize standing or ad hoc subcommittees, which shall operate in accordance with guidelines established by the committee.

(b) (i) The chair shall convene a minimum of four meetings per year.

(ii) The chair may call special meetings.

(iii) The chair shall call a meeting upon request of five or more members of the committee.

(c) (i) Nine members of the committee constitute a quorum for the transaction of business.

(ii) The action of a majority of the members present is the action of the committee.

~~[(4)]~~ (5) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

~~[(5)]~~ (6) Administrative services for the committee shall be provided by the [~~department~~] bureau.

Section 23. Section **53-2d-105**, which is renumbered from Section 26-8a-104 is

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renumbered and amended to read:

**~~[26-8a-104]~~. 53-2d-105. Committee advisory duties.**

The committee shall adopt rules, with the concurrence of the [~~department~~] bureau, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:

- (1) establish licensure, certification, and reciprocity requirements under Section [~~26-8a-302~~] 53-2d-402;
- (2) establish designation requirements under Section [~~26-8a-303~~] 53-2d-403;
- (3) promote the development of a statewide emergency medical services system under Section [~~26-8a-203~~] 53-2d-403;
- (4) establish insurance requirements for ambulance providers;
- (5) provide guidelines for requiring patient data under Section [~~26-8a-203~~] 53-2d-203;
- (6) establish criteria for awarding grants under Section [~~26-8a-207~~] 53-2d-207;
- (7) establish requirements for the coordination of emergency medical services and the medical supervision of emergency medical service providers under Section [~~26-8a-306~~] 53-2d-403;
- (8) select appropriate vendors to establish certification requirements for emergency medical dispatchers;
- (9) establish the minimum level of service for 911 ambulance services provided under Section 11-48-103; and
- (10) are necessary to carry out the responsibilities of the committee as specified in other sections of this chapter.

Section 24. Section **53-2d-106**, which is renumbered from Section 26-8a-106 is renumbered and amended to read:

**~~[26-8a-106]~~. 53-2d-106. Waiver of rules, ~~f~~education, and licensing requirements.**

- (1) Upon application, the [~~department~~] bureau, or the committee with the concurrence of the [~~department~~] bureau, may waive the requirements of a rule the [~~department~~] bureau, or the committee with the concurrence of the [~~department~~] bureau, 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

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(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):

(i) the committee or [~~department~~] bureau extends the waiver to similarly situated persons upon application; or

(ii) the [~~department~~] bureau, or the committee with the concurrence of the [~~department~~] bureau, amends the rule to be consistent with the waiver.

(2) A waiver of education or licensing requirements may be granted to a veteran, as defined in Section 68-3-12.5, if the veteran:

(a) provides to the committee or [~~department~~] bureau documentation showing military education and training in the field in which licensure is sought; and

(b) successfully passes any examination required.

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

Section 25. Section **53-2d-107**, which is renumbered from Section 26-8a-107 is renumbered and amended to read:

~~[26-8a-107]~~.            **53-2d-107. Air Ambulance Committee -- Membership --**

### **Duties.**

(1) [~~The~~] There is created the Air Ambulance Committee [~~created by Section 26B-1-204 shall be composed of the following members:~~].

(2) The Air Ambulance Committee is composed of the following members:

(a) the state emergency medical services medical director;

(b) one physician who:

(i) is licensed under:

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

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

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

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

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

(c) one member from each level 1 and level 2 trauma center in the state of Utah,

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selected by the trauma center the member represents;

(d) one registered nurse who:

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

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

Utah;

(e) one paramedic who:

(i) is licensed under this chapter; and

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

(f) two members, each from a different for-profit air medical transport company

operating in the state of Utah.

~~[(2)]~~ (3) The state emergency medical services medical director shall appoint the physician member under Subsection ~~[(1)(b)]~~ (2)(b), and the physician shall serve as the chair of the Air Ambulance Committee.

~~[(3)]~~ (4) The chair of the Air Ambulance Committee shall:

(a) appoint the Air Ambulance Committee members under Subsections ~~[(1)(c)]~~ (2)(c) through (f);

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

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

~~[(4)]~~ (5) (a) Except as provided in Subsection ~~[(4)(b)]~~ (5)(b), members shall be appointed to a two-year term.

(b) Notwithstanding Subsection ~~[(4)(a)]~~ (5)(a), the Air Ambulance Committee chair shall, at the time of appointment or reappointment, adjust the length of the terms of committee members to ensure that the terms of the committee members are staggered so that approximately half of the committee is reappointed every two years.

~~[(5)]~~ (6) (a) A majority of the members of the Air Ambulance Committee constitutes a quorum.

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

~~[(6)]~~ (7) The Air Ambulance Committee shall, before November 30, 2019, and before November 30 of every odd-numbered year thereafter, provide recommendations to the Health

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and Human Services Interim Committee regarding the development of state standards and requirements related to:

- (a) air medical transport provider licensure and accreditation;
- (b) air medical transport medical personnel qualifications and training; and
- (c) other standards and requirements to ensure patients receive appropriate and

high-quality medical attention and care by air medical transport providers operating in the state of Utah.

~~[(7)]~~ (8) (a) The ~~[committee]~~ Air Ambulance Committee shall prepare an annual report, using any data available to the ~~[department]~~ bureau and in consultation with the Insurance Department, that includes the following information for each air medical transport provider that operates in the state:

- (i) which health insurers in the state the air medical transport provider contracts with;
- (ii) if sufficient data is available to the ~~[committee]~~ Air Ambulance Committee, the average charge for air medical transport services for a patient who is uninsured or out of network; and
- (iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer.

(b) When calculating the average charge under Subsection ~~[(7)(a)(ii)]~~ (8)(a)(iii), the ~~[committee]~~ Air Ambulance Committee shall distinguish between:

- (i) a rotary wing provider and a fixed wing provider; and
- (ii) any other differences between air medical transport service providers that may substantially affect the cost of the air medical transport service, as determined by the ~~[committee]~~ Air Ambulance Committee.

(c) The ~~[department]~~ bureau shall:

- (i) post the ~~[committee's]~~ Air Ambulance Committee's findings under Subsection ~~[(7)(a)]~~ (8)(a) on the ~~[department's]~~ bureau's website; and
- (ii) send the ~~[committee's]~~ Air Ambulance Committee's findings under Subsection ~~[(7)(a)]~~ (8)(a) to each emergency medical service provider, health care facility, and other entity that has regular contact with patients in need of air medical transport provider services.

~~[(8)]~~ (9) An Air Ambulance Committee member may not receive compensation, benefits, per diem, or travel expenses for the member's service on the ~~[committee]~~ Air

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### Ambulance Committee.

~~[(9)]~~ (10) The Office of the Attorney General shall provide staff support to the Air Ambulance Committee.

~~[(10)]~~ (11) The Air Ambulance Committee shall report to the Health and Human Services Interim Committee before November 30, 2023, regarding the sunset of this section in accordance with Section 63I-2-226.

Section 26. Section **53-2d-108**, which is renumbered from Section 26-8a-108 is renumbered and amended to read:

~~[26-8a-108].~~            **53-2d-108. Emergency Medical Services System Account.**

(1) There is created within the General Fund a restricted account known as the Emergency Medical Services System Account.

(2) The account consists of:

- (a) interest earned on the account;
- (b) appropriations made by the Legislature; and
- (c) contributions deposited into the account in accordance with Section 41-1a-230.7.

(3) The ~~[department]~~ bureau shall use:

(a) an amount equal to 25% of the money in the account for administrative costs related to this chapter;

(b) an amount equal to 75% of the money in the account for grants awarded in accordance with Subsection ~~[26-8a-207(3);]~~ 53-2d-207(3); and

(c) all money received from the revenue source in Subsection (2)(c) for grants awarded in accordance with Subsection ~~[26-8a-207(3)]~~ 53-2d-207(3).

Section 27. Section **53-2d-201**, which is renumbered from Section 26-8a-201 is renumbered and amended to read:

### **Part 2. Programs, Plans, and Duties**

~~[26-8a-201].~~            **53-2d-201. Public awareness efforts.**

The ~~[department]~~ bureau 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.

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Section 28. Section **53-2d-202**, which is renumbered from Section 26-8a-202 is renumbered and amended to read:

~~[26-8a-202]~~.            **53-2d-202. Emergency medical communications.**

Consistent with federal law, the [department] bureau 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 29. Section **53-2d-203**, which is renumbered from Section 26-8a-203 is renumbered and amended to read:

~~[26-8a-203]~~.            **53-2d-203. Data collection.**

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

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

(b) The committee shall coordinate with the Health Data Authority created in Title 26, Chapter 33a, Utah Health Data Authority Act, to create a report of data collected by the Health Data Committee under Section 26-33a-106.1 regarding:

(i) appropriate analytical methods;

(ii) the total amount of air ambulance flight charges in the state for a one-year period;

and

(iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):

(A) the number of flights for which a patient had no personal responsibility for paying part of the flight charges;

(B) the number of flights for which a patient had personal responsibility to pay all or part of the flight charges;

(C) the range of flight charges for which patients had personal responsibility under Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility; and

(D) the name of any air ambulance provider that received a median paid amount for

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patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.

(c) The [~~department~~] bureau may share, with the [~~Department of Public Safety~~] department, information from the emergency medical services data system that:

- (i) relates to traffic incidents; and
- (ii) is for the improvement of traffic safety[;].
- ~~[(iii) may not be used for the prosecution of criminal matters; and]~~
- ~~[(iv) may not include any personally identifiable information.]~~

(d) Information shared under Subsection (2)(c) may not:

- (i) be used for the prosecution of criminal matters; or
- (ii) include any personally identifiable information.

(3) (a) On or before October 1, the department shall make the information in Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety dispatchers and first responders in the state.

(b) Before making the information in Subsection (2)(b) public, the committee shall provide the air ambulance providers named in the report with the opportunity to respond to the accuracy of the information in the report under Section 26-33a-107.

(4) Persons providing emergency medical services:

(a) shall provide information to the department for the emergency medical services data system established pursuant to Subsection (2)(a);

(b) are not required to provide information to the department under Subsection (2)(b);  
and

(c) may provide information to the department under Subsection (2)(b) or (3)(b).

Section 30. Section ~~53-2d-204~~, which is renumbered from Section 26-8a-204 is renumbered and amended to read:

~~[26-8a-204].~~            **53-2d-204. Disaster coordination plan.**

The [~~department~~] bureau 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 31. Section ~~53-2d-205~~, which is renumbered from Section 26-8a-205 is renumbered and amended to read:

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~~[26-8a-205]~~. **53-2d-205. Pediatric quality improvement program.**

The [~~department~~] bureau shall establish a pediatric quality improvement resource program.

Section 32. Section **53-2d-206**, which is renumbered from Section 26-8a-206 is renumbered and amended to read:

~~[26-8a-206]~~. **53-2d-206. Personnel stress management program.**

(1) The [~~department~~] bureau 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;

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

(c) advising the department on training requirements for licensure as a behavioral emergency services technician.

Section 33. Section **53-2d-207**, which is renumbered from Section 26-8a-207 is renumbered and amended to read:

~~[26-8a-207]~~. **53-2d-207. Emergency Medical Services Grant Program.**

(1) Funds appropriated to the department for the Emergency Medical Services Grant Program shall be used for improvement of delivery of emergency medical services and administrative costs as described in Subsection (2)(a).

(2) From the total amount of funds appropriated to the [~~department~~] bureau under Subsection (1), the [~~department~~] bureau shall use:

(a) an amount equal to 50% of the funds:

(i) to provide staff support; and

(ii) for other expenses incurred in:

(A) administration of grant funds; and

(B) other [~~department~~] bureau administrative costs under this chapter; and

(b) an amount equal to 50% of the funds to provide emergency medical services grants in accordance with Subsection (3).

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(3) (a) A recipient of a grant under this section shall actively provide emergency medical services within the state.

(b) From the total amount of funds used to provide grants under Subsection (3), the [department] bureau shall distribute an amount equal to 21% as per capita block grants for use specifically related to the provision of emergency medical services to nonprofit prehospital emergency medical services providers that are either licensed or designated and to emergency medical services that are the primary emergency medical services for a service area. The [department] bureau shall determine the grant amounts by prorating available funds on a per capita basis by county as described in [department] bureau rule.

(c) Subject to Subsections (3)(d) through (f), the committee shall use the remaining grant funds to award competitive grants to licensed emergency medical services providers that provide emergency medical services within counties of the third through sixth class, in accordance with rules made by the committee.

(d) A grant awarded under Subsection (3)(c) shall be used:

(i) for the purchase of equipment, subject to Subsection (3)(e); or  
(ii) for the recruitment, training, or retention of licensed emergency medical services providers.

(e) A recipient of a grant under Subsection (3)(c) may not use more than \$100,000 in grant proceeds for the purchase of vehicles.

(f) A grant awarded for the purpose described in Subsection (3)(d)(ii) is ongoing for a period of up to three years.

(g) (i) If, after providing grants under Subsections (3)(c) through (f), any grant funds are unallocated at the end of the fiscal year, the committee shall distribute the unallocated grant funds as per capita block grants as described in Subsection (3)(b).

(ii) Any grant funds distributed as per capita grants under Subsection (3)(g)(i) are in addition to the amount described in Subsection (3)(b).

Section 34. Section **53-2d-208**, which is renumbered from Section 26-8a-208 is renumbered and amended to read:

~~[26-8a-208]~~. **53-2d-208. Fees for training equipment rental, testing, and quality assurance reviews.**

(1) The [department] bureau may charge fees, established pursuant to Section

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[~~26B-1-209~~] 63J-1-504:

- (a) for the use of [~~department~~] bureau-owned training equipment;
- (b) to administer tests and conduct quality assurance reviews; and
- (c) to process an application for a 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.

Section 35. Section **53-2d-209**, which is renumbered from Section 26-8a-210 is renumbered and amended to read:

~~[26-8a-210]~~. **53-2d-209. Regional Emergency Medical Services Liaisons --**

### **Qualifications -- Duties.**

(1) As used in this section:

(a) "Liaison" means a regional emergency medical services liaison hired under this section.

(b) "Rural county" means a county of the third, fourth, fifth, or sixth class.

(2) The [~~department~~] bureau shall hire five individuals to serve as regional emergency medical services liaisons to:

(a) serve the needs of rural counties in providing emergency medical services in accordance with this chapter;

(b) act as a liaison between the [~~department~~] bureau and individuals or entities responsible for emergency medical services in rural counties, including:

(i) emergency medical services providers;

(ii) local officials; and

(iii) local health departments or agencies;

(c) provide support and training to emergency medical services providers in rural counties;

(d) assist rural counties in utilizing state and federal grant programs for financing emergency medical services; and

(e) serve as emergency medical service personnel to assist licensed providers with

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ambulance staffing needs within rural counties.

(3) Each liaison hired under Subsection (2):

(a) shall reside in a rural county; and

(b) shall be licensed as:

(i) an advanced emergency medical technician as defined in Section ~~[26-8c-102]~~

53-2e-101; or

(ii) a paramedic as defined in Section ~~[26-8c-102]~~ 53-2e-101.

(4) The department shall provide each liaison with a vehicle and other equipment in accordance with rules established by the department.

Section 36. Section **53-2d-210**, which is renumbered from Section 26-8a-211 is renumbered and amended to read:

~~[26-8a-211]~~.            **53-2d-210. Report.**

The ~~[department]~~ bureau shall report to the Health and Human Services Interim Committee before November 30, 2022, regarding:

(1) the activities and accomplishments of the regional medical services liaisons hired under Section ~~[26-8a-210]~~ 53-2d-209;

(2) the efficacy of the emergency medical services grant program established in Section ~~[26-8a-207]~~ 53-2d-207, including grant distribution;

(3) the condition of emergency medical services within the state, including emergency medical services provider response times and personnel numbers; and

(4) the financial condition of the department, including department operational costs under this chapter.

Section 37. Section **53-2d-211**, which is renumbered from Section 26-8a-212 is renumbered and amended to read:

~~[26-8a-212]~~.            **53-2d-211. Community paramedicine program.**

(1) A ground ambulance provider or a designated quick response provider, as designated in accordance with Section ~~[26-8a-303]~~ 53-2d-403, may develop and implement a community paramedicine program.

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

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

(ii) submit a written community paramedicine operational plan to the ~~[department]~~

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bureau that meets requirements established by the committee.

(b) A community paramedicine program shall report data, as determined by the committee, related to community paramedicine to the [~~department~~] bureau.

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

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

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

(4) Nothing in this section affects any billing authorized under Section [~~26-8a-403~~] 53-2d-503.

(5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and Section 53-2d-105, the committee shall make rules to implement this section.

Section 38. Section ~~53-2d-301~~, which is renumbered from Section 26-8a-250 is renumbered and amended to read:

### **Part 3. Statewide Trauma System**

~~[26-8a-250]~~. **53-2d-301. Establishment of statewide trauma system.**

The [~~department~~] bureau 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 39. Section ~~53-2d-302~~, which is renumbered from Section 26-8a-251 is renumbered and amended to read:

~~[26-8a-251]~~. **53-2d-302. Trauma system advisory committee.**

(1) There is created within the [~~department~~] bureau the trauma system advisory committee.

(2) (a) The committee shall be comprised of individuals knowledgeable in adult or

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pediatric trauma care, including physicians, physician assistants, 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~~] bureau regarding trauma system needs throughout the state;

(b) assist the [~~department~~] bureau 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~~] bureau 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 40. Section **53-2d-303**, which is renumbered from Section 26-8a-252 is renumbered and amended to read:

~~[26-8a-252].~~            **53-2d-303. Department duties.**

In connection with the statewide trauma system established in Section [~~26-8a-250~~] 53-2d-301, the [~~department~~] bureau shall:

(1) establish a statewide trauma system plan that:

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

(b) identifies the equipment, facilities, personnel training, and other things necessary to create and maintain a statewide trauma system; and

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

(2) support the statewide trauma system by:

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

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and providers through state regulation and oversight;

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

(c) providing educational programs;

(d) encouraging cooperation between community organizations, health care facilities, public health officials, emergency medical service providers, and rehabilitation facilities for the development of a statewide trauma system;

(e) implementing a quality assurance program using information from the statewide trauma registry established pursuant to Section ~~[26-8a-253]~~ 53-2d-304;

(f) establishing trauma center designation requirements in accordance with Section ~~[26-8a-254]~~ 53-2d-305; and

(g) developing standards so that:

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

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

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

Section 41. Section **53-2d-304**, which is renumbered from Section 26-8a-253 is renumbered and amended to read:

~~[26-8a-253]~~.        **53-2d-304**. **Statewide trauma registry and quality assurance program.**

(1) The ~~[department]~~ bureau shall:

(a) establish and fund a statewide trauma registry to collect and analyze information on the incidence, severity, causes, and outcomes of trauma;

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

(c) use the data collected to:

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

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

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

(d) support data collection and abstraction by providing:

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

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and

(ii) funding or, at the discretion of the [~~department~~] bureau, personnel for collection and abstraction for each hospital not designated as a trauma center under the standards established pursuant to Section [~~26-8a-254~~] 53-2d-305.

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

(b) A hospital designated as a trauma center shall submit data as part of the ongoing quality assurance program established in Section [~~26-8a-252~~] 53-2d-303.

(3) The department shall assess:

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

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

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

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

Section 42. Section **53-2d-305**, which is renumbered from Section 26-8a-254 is renumbered and amended to read:

~~[26-8a-254]~~. **53-2d-305**. **Trauma center designations and guidelines.**

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

(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~~] bureau 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 43. Section **53-2d-401**, which is renumbered from Section 26-8a-301 is renumbered and amended to read:

### **Part 4. Certificates, Designations, Permits, and Licenses**

~~[26-8a-301]~~. **53-2d-401**. **General requirement.**

(1) Except as provided in Section [~~26-8a-308~~] 53-2d-408 or [~~26-8b-201~~] 53-2d-801:

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(a) an individual may not provide emergency medical services without a license or certification issued under Section ~~[26-8a-302]~~ 53-2d-402;

(b) a facility or provider may not hold itself out as a designated emergency medical service provider or nonemergency secured behavioral health transport provider without a designation issued under Section ~~[26-8a-303]~~ 53-2d-403;

(c) a vehicle may not operate as an ambulance, emergency response vehicle, or nonemergency secured behavioral health transport vehicle without a permit issued under Section ~~[26-8a-304]~~ 53-2d-404; and

(d) an entity may not respond as an ambulance or paramedic provider without the appropriate license issued under ~~[Part 4, Ambulance and Paramedic Providers]~~ Part 5, Ambulance and Paramedic Providers.

(2) Section ~~[26-8a-502]~~ 53-2d-602 applies to violations of this section.

Section 44. Section **53-2d-402**, which is renumbered from Section 26-8a-302 is renumbered and amended to read:

~~[26-8a-302]~~. **53-2d-402. Licensure of emergency medical service personnel.**

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

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

(i) paramedic;

(ii) advanced emergency medical services technician;

(iii) emergency medical services technician;

(iv) behavioral emergency services technician; and

(v) advanced behavioral emergency services technician;

(b) a method to monitor the certification status and continuing medical education hours for emergency medical dispatchers; and

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

(2) The ~~[department]~~ bureau shall, based on the requirements established in Subsection (1):

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

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personnel;

(b) issue a license and license renewals to emergency medical service personnel other than emergency medical dispatchers; and

(c) verify the certification of emergency medical dispatchers.

(3) The [~~department~~] bureau shall coordinate with local mental health authorities described in Section 17-43-301 to develop and authorize initial and ongoing licensure and training requirements for licensure as a:

(a) behavioral emergency services technician; and

(b) advanced behavioral emergency services technician.

(4) As provided in Section [~~26-8a-502~~] 53-2d-602, an individual issued a license or certified under this section may only provide emergency medical services to the extent allowed by the license or certification.

(5) An individual may not be issued or retain a license under this section unless the individual obtains and retains background clearance under Section [~~26-8a-310~~] 53-2d-410.

(6) An individual may not be issued or retain a certification under this section unless the individual obtains and retains background clearance in accordance with Section [~~26-8a-310.5~~] 53-2d-410.5.

Section 45. Section **53-2d-403**, which is renumbered from Section 26-8a-303 is renumbered and amended to read:

~~[26-8a-303]~~.            **53-2d-403**. **Designation of emergency medical service providers and nonemergency secured behavioral health transport providers.**

(1) To ensure quality emergency medical services, the committee shall establish designation requirements for:

(a) emergency medical service providers in the following categories:

(i) quick response provider;

(ii) resource hospital for emergency medical providers;

(iii) emergency medical service dispatch center;

(iv) emergency patient receiving facilities; and

(v) other types of emergency medical service providers as the committee considers necessary; and

(b) nonemergency secured behavioral health transport providers.

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(2) The [~~department~~] bureau shall, based on the requirements in Subsection (1), issue designations to emergency medical service providers and nonemergency secured behavioral health transport providers listed in Subsection (1).

(3) As provided in Section [~~26-8a-502~~] 53-2d-602, an entity issued a designation under Subsection (2) may only function and hold itself out in accordance with its designation.

Section 46. Section ~~53-2d-404~~, which is renumbered from Section 26-8a-304 is renumbered and amended to read:

~~[26-8a-304].~~        53-2d-404. Permits for emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.

(1) (a) To ensure that emergency medical service vehicles and nonemergency secured behavioral health transport vehicles are adequately staffed, safe, maintained, properly equipped, and safely operated, the committee shall establish permit requirements at levels it considers appropriate in the following categories:

- (i) ambulance;
- (ii) emergency medical response vehicle; and
- (iii) nonemergency secured behavioral health transport vehicle.

(b) The permit requirements under Subsections (1)(a)(i) and (ii) shall include a requirement that beginning on or after January 31, 2014, every operator of an ambulance or emergency medical response vehicle annually provide proof of the successful completion of an emergency vehicle operator's course approved by the [~~department~~] bureau for all ambulances and emergency medical response vehicle operators.

(2) The [~~department~~] bureau shall, based on the requirements established in Subsection (1), issue permits to emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.

Section 47. Section ~~53-2d-405~~, which is renumbered from Section 26-8a-305 is renumbered and amended to read:

~~[26-8a-305].~~        53-2d-405. Ambulance license required for emergency medical transport.

Except as provided in Section [~~26-8a-308~~] 53-2d-408, only an ambulance operating under a permit issued under Section [~~26-8a-304~~] 53-2d-404 may transport an individual who:

- (1) is in an emergency medical condition;

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- (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 establishes as requiring direct medical observation.

Section 48. Section **53-2d-406**, which is renumbered from Section 26-8a-306 is renumbered and amended to read:

~~[26-8a-306].~~            **53-2d-406. Medical control.**

- (1) The committee 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 shall establish requirements for the medical supervision of emergency medical service providers to assure adequate physician oversight of emergency medical services and quality improvement.

Section 49. Section **53-2d-407**, which is renumbered from Section 26-8a-307 is renumbered and amended to read:

~~[26-8a-307].~~            **53-2d-407. Patient destination.**

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(1) If an individual being transported by a ground or air ambulance is in a critical or unstable medical 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, licensed mental health 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, licensed mental health 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 50. Section **53-2d-408**, which is renumbered from Section 26-8a-308 is renumbered and amended to read:

~~[26-8a-308]~~. **53-2d-408. Exemptions.**

(1) The following persons may provide emergency medical services to a patient without being 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;

(c) a family member;

(d) a private business if emergency medical services are provided only to employees at the place of business and during transport;

(e) an agency of the United States government if compliance with this chapter would be inconsistent with federal law; and

(f) police, fire, and other public service personnel if:

(i) emergency medical services are rendered in the normal course of the person's duties;

and

(ii) medical control, after being apprised of the circumstances, directs immediate transport.

(2) An ambulance or emergency response vehicle may operate without a permit issued under Section ~~[26-8a-304]~~ 53-2d-404 in time of disaster.

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(3) Nothing in this chapter or Title 58, Occupations and Professions, may be construed as requiring a license for an individual to administer cardiopulmonary resuscitation or to use a fully automated external defibrillator under Section ~~[26-8b-201]~~ 53-2d-801.

(4) Nothing in this chapter may be construed as requiring a license, permit, or designation for an acute care hospital, medical clinic, physician's office, or other fixed medical facility that:

(a) is staffed by a physician, physician's assistant, nurse practitioner, or registered nurse; and

(b) treats an individual who has presented himself or was transported to the hospital, clinic, office, or facility.

Section 51. Section **53-2d-409**, which is renumbered from Section 26-8a-309 is renumbered and amended to read:

~~[26-8a-309]~~.            **53-2d-409. Out-of-state vehicles.**

(1) An ambulance or emergency response vehicle from another state may not pick up a 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]~~ 53-2d-404 and, in the case of an ambulance, a license issued under ~~[Part 4, Ambulance and Paramedic Providers]~~ Part 5, 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]~~ bureau 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 52. Section **53-2d-410**, which is renumbered from Section 26-8a-310 is renumbered and amended to read:

~~[26-8a-310]~~.            **53-2d-410. Background clearance for emergency medical service personnel.**

(1) Subject to Section ~~[26-8a-310.5]~~ 53-2d-410.5, the ~~[department]~~ bureau shall

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determine whether to grant background clearance for an individual seeking licensure or certification under Section ~~[26-8a-302]~~ 53-2d-402 from whom the ~~[department]~~ bureau receives:

(a) the individual's social security number, fingerprints, and other personal identification information specified by the department under Subsection (4); and

(b) any fees established by the department under Subsection (10).

(2) The ~~[department]~~ bureau shall determine whether to deny or revoke background clearance for individuals for whom the department has previously granted background clearance.

(3) The ~~[department]~~ bureau shall determine whether to grant, deny, or revoke background clearance for an individual based on an initial and ongoing evaluation of information the ~~[department]~~ bureau obtains under Subsections (5) and (11), which, at a minimum, shall include an initial criminal background check of state, regional, and national databases using the individual's fingerprints.

(4) The ~~[department]~~ bureau shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that specify:

(a) the criteria the ~~[department]~~ bureau will use under Subsection (3) to determine whether to grant, deny, or revoke background clearance; and

(b) the other personal identification information an individual seeking licensure or certification under Section ~~[26-8a-302]~~ 53-2d-402 must submit under Subsection (1).

(5) To determine whether to grant, deny, or revoke background clearance, the ~~[department]~~ bureau may access and evaluate any of the following:

(a) Department of Public Safety arrest, conviction, and disposition records described in ~~[Title 53, Chapter 10, Criminal Investigations and Technical Services Act]~~ Chapter 10, Criminal Investigations and Technical Services Act, including information in state, regional, and national records files;

(b) adjudications by a juvenile court of committing an act that if committed by an adult would be a felony or misdemeanor, if:

(i) the applicant is under 28 years old; or

(ii) the applicant:

(A) is over 28 years old; and

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(B) has been convicted of, has pleaded no contest to, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor;

(c) juvenile court arrest, adjudication, and disposition records, other than those under Subsection (5)(b), as allowed under Section 78A-6-209;

(d) child abuse or neglect findings described in Section 80-3-404;

(e) the department's Licensing Information System described in Section 80-2-1002;

(f) the department's database of reports of vulnerable adult abuse, neglect, or exploitation, described in Section 62A-3-311.1;

(g) Division of Professional Licensing records of licensing and certification under Title 58, Occupations and Professions;

(h) records in other federal criminal background databases available to the state; and

(i) any other records of arrests, warrants for arrest, convictions, pleas in abeyance, pending diversion agreements, or dispositions.

(6) Except for the Department of Public Safety, an agency may not charge the [department] bureau for information accessed under Subsection (5).

(7) When evaluating information under Subsection (3), the [department] bureau shall classify a crime committed in another state according to the closest matching crime under Utah law, regardless of how the crime is classified in the state where the crime was committed.

(8) The [department] bureau shall adopt measures to protect the security of information the department accesses under Subsection (5), which shall include limiting access by department employees to those responsible for acquiring, evaluating, or otherwise processing the information.

(9) The [department] bureau may disclose personal identification information the [department] bureau receives under Subsection (1) to the department to verify that the subject of the information is not identified as a perpetrator or offender in the information sources described in Subsections (5)(d) through (f).

(10) The [department] bureau may charge fees, in accordance with Section 63J-1-504, to pay for:

(a) the cost of obtaining, storing, and evaluating information needed under Subsection (3), both initially and on an ongoing basis, to determine whether to grant, deny, or revoke background clearance; and

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(b) other [~~department~~] bureau costs related to granting, denying, or revoking background clearance.

(11) The Criminal Investigations and Technical Services Division within the Department of Public Safety shall:

(a) retain, separate from other division records, personal information under Subsection (1), including any fingerprints sent to it by the department; and

(b) notify the [~~department~~] bureau upon receiving notice that an individual for whom personal information has been retained is the subject of:

(i) a warrant for arrest;

(ii) an arrest;

(iii) a conviction, including a plea in abeyance; or

(iv) a pending diversion agreement.

(12) The [~~department~~] bureau shall use the Direct Access Clearance System database created under Section 26-21-209 to manage information about the background clearance status of each individual for whom the [~~department~~] bureau is required to make a determination under Subsection (1).

(13) Clearance granted for an individual licensed or certified under Section [~~26-8a-302~~] 53-2d-402 is valid until two years after the day on which the individual is no longer licensed or certified in Utah as emergency medical service personnel.

Section 53. Section **53-2d-410.5**, which is renumbered from Section 26-8a-310.5 is renumbered and amended to read:

**~~[26-8a-310.5].~~      53-2d-410.5. Background check requirements for emergency medical dispatchers.**

An emergency medical dispatcher seeking certification under Section [~~26-8a-302~~] 53-2d-402 shall undergo the background clearance process described in Section [~~26-8a-310~~] 53-2d-410 unless the emergency medical dispatcher can demonstrate that the emergency medical dispatcher has received and currently holds an approved Department of Public Safety background clearance.

Section 54. Section **53-2d-501**, which is renumbered from Section 26-8a-401 is renumbered and amended to read:

### Part 5. Ambulance and Paramedic Providers

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~~[26-8a-401]~~. **53-2d-501**. State regulation of emergency medical services market -- License term.

(1) To ensure emergency medical service quality and minimize unnecessary duplication, the ~~[department]~~ bureau shall regulate the emergency medical services market by creating and operating a statewide system that:

(a) consists of exclusive geographic service areas as provided in Section ~~[26-8a-402]~~ 53-2d-502; and

(b) establishes maximum rates as provided in Section ~~[26-8a-403]~~ 53-2d-503.

(2) A license issued or renewed under this part is valid for four years.

Section 55. Section **53-2d-502**, which is renumbered from Section 26-8a-402 is renumbered and amended to read:

~~[26-8a-402]~~. **53-2d-502**. Exclusive geographic service areas.

(1) (a) Each ground ambulance provider license issued under this part shall be for an exclusive geographic service area as described in the license.

(b) 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]~~ 53-2d-516.

(2) (a) Each paramedic provider license issued under this part shall be for an exclusive geographic service area as described in the license.

(b) 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]~~ 53-2d-516.

(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 and 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 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

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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.

(7) The [~~department~~] bureau may, upon the renewal of a license, align the boundaries of an exclusive geographic area with the boundaries of a political subdivision:

- (a) if the alignment is practical and in the public interest;
- (b) if each licensed provider that would be affected by the alignment agrees to the alignment; and

(c) taking into consideration the requirements of:

- (i) Section 11-48-103; and
- (ii) Section [~~26-8a-408~~] 53-2d-508.

Section 56. Section **53-2d-503**, which is renumbered from Section 26-8a-403 is renumbered and amended to read:

~~[26-8a-403]~~. **53-2d-503. Establishment of maximum rates.**

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

(3) (a) The [~~department~~] bureau shall prohibit ground ambulance providers and

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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 57. Section ~~53-2d-504~~, which is renumbered from Section 26-8a-404 is renumbered and amended to read:

~~[26-8a-404].~~      **53-2d-504. Ground ambulance and paramedic licenses -- Application and department review.**

(1) Except as provided in Section ~~[26-8a-413]~~ 53-2d-513, an applicant for a ground ambulance or paramedic license shall apply to the ~~[department]~~ bureau 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]~~ bureau 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]~~ bureau for

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a license to provide a higher level of service as defined by [department] bureau rule if the application includes:

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

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

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

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

(c) A revised license issued under Subsection (4)(b):

(i) may only affect the level of service that the licensee may provide; and

(ii) may not affect any other terms, conditions, or limitations of the original license.

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

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

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

Section 58. Section ~~53-2d-505~~, which is renumbered from Section 26-8a-405 is renumbered and amended to read:

~~[26-8a-405].~~ 53-2d-505. Ground ambulance and paramedic licenses -- Agency notice of approval.

(1) [~~Beginning January 1, 2004, if~~] If the [department] bureau determines that the application meets the minimum requirements for licensure under Section [~~26-8a-404~~] 53-2d-504, the [department] bureau shall issue a notice of the approved application to the

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applicant.

(2) A current license holder responding to a request for proposal under Section ~~[26-8a-405.2]~~ ~~†~~ 53-2d-505.2 is considered an approved applicant for purposes of Section ~~[26-8a-405.2]~~ 53-2d-505.2 if the current license holder, prior to responding to the request for proposal, submits the following to the department:

(a) the information described in Subsections ~~[26-8a-404(4)(a)(i)]~~ ~~†~~ 53-2d-504(4)(a)(i) ~~†~~ through (iii); and

(b) (i) if the license holder is a private entity, a financial statement, a pro forma budget and necessary letters of credit demonstrating a financial ability to expand service to a new service area; or

(ii) if the license holder is a governmental entity, a letter from the governmental entity's governing body demonstrating the governing body's willingness to financially support the application.

Section 59. Section **53-2d-505.1**, which is renumbered from Section 26-8a-405.1 is renumbered and amended to read:

~~[26-8a-405.1].~~      **53-2d-505.1. Selection of provider by political subdivision.**

(1) (a) Only an applicant approved under Section ~~[26-8a-405]~~ 53-2d-505.1 may respond to a request for a proposal issued in accordance with Section ~~[26-8a-405.2]~~ 53-2d-505.2 or ~~[Section 26-8a-405.4]~~ 53-2d-505.4 by a political subdivision.

(b) A response to a request for proposal is subject to the maximum rates established by the ~~[department]~~ bureau under Section ~~[26-8a-403]~~ 53-2d-503.

(c) A political subdivision may award a contract to an applicant in response to a request for proposal:

(i) in accordance with Section ~~[26-8a-405.2]~~ 53-2d-505.2; and

(ii) subject to Subsections (2) and (3).

(2) (a) The ~~[department]~~ bureau shall issue a license to an applicant selected by a political subdivision under Subsection (1) unless the ~~[department]~~ bureau finds that issuing a license to that applicant would jeopardize the health, safety, and welfare of the citizens of the geographic service area.

(b) A license issued under this Subsection (2):

(i) is for the exclusive geographic service area approved by the ~~[department]~~ bureau in

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accordance with Subsection [~~26-8a-405.2(2)~~] 53-2d-505.2(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~~] 53-2d-506 through [~~26-8a-409~~] 53-2d-509 during the four-year term, unless the applicant's license is revoked under Section [~~26-8a-504~~] 53-2d-604;

(iv) is subject to revocation or revision under Subsection (3)(d); and

(v) is subject to supervision by the department under Sections [~~26-8a-503~~] 53-2d-603 and [~~26-8a-504~~] 53-2d-604.

(3) Notwithstanding Subsection (2)(b), a political subdivision may terminate a contract described in Subsection (1)(c), with or without cause, if:

(a) the contract:

(i) is entered into on or after May 5, 2021; and

(ii) allows an applicant to provide 911 ambulance services;

(b) the political subdivision provides written notice to the applicant described in

Subsection (3)(a)(ii) and the [~~department~~] bureau:

(i) at least 18 months before the day on which the contract is terminated; or

(ii) within a period of time shorter than 18 months before the day on which the contract is terminated, if otherwise agreed to by the applicant and the department;

(c) the political subdivision selects another applicant to provide 911 ambulance services for the political subdivision in accordance with Section [~~26-8a-405.2~~] 53-2d-505.2;

(d) the [~~department~~] bureau:

(i) revokes the license of the applicant described in Subsection (3)(a)(ii), or issues a new or revised license for the applicant described in Subsection (3)(a)(ii):

(A) in order to remove the area that is subject to the contract from the applicant's exclusive geographic service area; and

(B) to take effect the day on which the contract is terminated; and

(ii) issues a new or revised license for the applicant described in Subsection (3)(c):

(A) in order to allow the applicant to provide 911 ambulance services for the area described in Subsection (3)(d)(i)(A); and

(B) to take effect the day on which the contract is terminated; and

(e) the termination does not create an orphaned area.

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(4) Except as provided in Subsection [~~26-8a-405.3(4)(a)~~], 53-2d-505.3(4)(a) the provisions of Sections [~~26-8a-406~~] 53-2d-506 through [~~26-8a-409~~] 53-2d-509 do not apply to a license issued under this section.

Section 60. Section **53-2d-505.2**, which is renumbered from Section 26-8a-405.2 is renumbered and amended to read:

~~[26-8a-405.2]~~.        **53-2d-505.2**. **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~~] 53-2d-504 to provide services for the geographic service area that is approved by the department in accordance with Subsection (2), if:

(i) the political subdivision complies with the provisions of this section and Section [~~26-8a-405.3~~] 53-2d-505.3 if the contract is for 911 ambulance or paramedic services; or

(ii) the political subdivision complies with Sections [~~26-8a-405.3~~] 53-2d-505.3 and [~~26-8a-405.4~~] 53-2d-505.4, if the contract is for non-911 services.

(b) (i) The provisions of this section and Sections [~~26-8a-405.1~~] 53-2d-505.1, [~~26-8a-405.3~~] 53-2d-505.3, and [~~26-8a-405.4~~] 53-2d-505.4 do not require a political subdivision to issue a request for proposal for ambulance or paramedic services or non-911 services.

(ii) If a political subdivision does not contract with an applicant in accordance with this section and Section [~~26-8a-405.3~~] 53-2d-505.3, the provisions of Sections [~~26-8a-406~~] 53-2d-506 through [~~26-8a-409~~] 53-2d-509 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.

(iii) If a political subdivision does not contract with an applicant in accordance with this section, Section [~~26-8a-405.3~~] 53-2d-505.3, and Section [~~26-8a-405.4~~] 53-2d-505.4, a license for the non-911 services in the geographic service area that is within the boundaries of the political subdivision may be issued:

(A) under the public convenience and necessity provisions of Sections [~~26-8a-406~~] 53-2d-506 through [~~26-8a-409~~] 53-2d-509; or

(B) by a request for proposal issued by the department under Section [~~26-8a-405.5~~] 53-2d-505.5.

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

(A) "Fire 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 included within a county service area or fire district.

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

(ii) A participating municipality or participating county may as provided in this section and Section ~~[26-8a-405.3]~~ 53-2d-505.3, contract with a provider for 911 ambulance or paramedic service.

(iii) If the participating municipality or participating county contracts with a provider for services under this section and Section ~~[26-8a-405.3]~~ 53-2d-505.3:

(A) the fire district is not obligated to provide the services that are included in the contract between the participating municipality or the participating county and the provider;

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

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

(2) (a) The political subdivision shall submit the request for proposal and the exclusive geographic service area to be included in a request for proposal issued under ~~[Subsections]~~ Subsection (1)(a)(i) or (ii) to the ~~[department]~~ bureau for approval prior to issuing the request for proposal.

(b) The department shall approve the request for proposal and the exclusive geographic service area:

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

(ii) in accordance with Subsections ~~[(2)(b)]~~ (2)(c) and ~~[(c)]~~ (d).

~~[(b)]~~ (c) The exclusive geographic service area may:

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

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boundaries;

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

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

~~(c)~~ (d) (i) The proposed geographic service area for 911 ambulance or paramedic service shall 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]~~ bureau.

(ii) The ~~[department]~~ bureau 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 61. Section ~~53-2d-505.3~~, which is renumbered from Section 26-8a-405.3 is renumbered and amended to read:

~~[26-8a-405.3]~~. 53-2d-505.3. 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]~~ 53-2d-505.2, or for non-911 services under Section ~~[26-8a-405.4]~~ 53-2d-505.4, 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 shall be published:

(i) by posting the notice for at least 20 days in at least five public places in the county; and

(ii) by posting the notice on the Utah Public Notice Website, created in Section 63A-16-601, for at least 20 days.

(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 shall hold a presubmission conference with interested applicants for the

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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) (i) Subsequent to the presubmission conference, the political subdivision may issue addenda to the request for proposals.

(ii) An ~~[addenda]~~ addendum to a request for proposal shall be finalized and posted by the political subdivision at least 45 days before the day 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]~~ bureau under Section ~~[26-8a-404]~~ 53-2d-504 to provide 911 ambulance or paramedic services by contract to the most responsible offeror as defined in Section 63G-6a-103.

(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]~~ 53-2d-505 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(2)]~~ 53-2d-508(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;

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(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) shall require an applicant to submit the proposal:

(i) 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 any provision of Title 63G, Chapter 6a, Utah Procurement Code, to the contrary, the provisions of Title 63G, Chapter 6a, Utah Procurement Code, apply to the procurement process required by this section, except as provided in Subsection (5)(c).

(b) A procurement appeals panel described in Section 63G-6a-1702 shall have jurisdiction to review and determine an appeal of an offeror under this section.

(c) (i) (A) An offeror may appeal the solicitation or award as provided by the political subdivision's procedures.

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(B) After all political subdivision appeal rights are exhausted, the offeror may appeal under ~~[the provisions of]~~ Subsections (5)(a) and (b).

(ii) A procurement appeals panel described in Section 63G-6a-1702 shall determine whether the solicitation or award was made in accordance with the procedures set forth in this section and Section ~~[26-8a-405.2]~~ 53-2d-505.2.

(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-6a-1705.

Section 62. Section **53-2d-505.4**, which is renumbered from Section 26-8a-405.4 is renumbered and amended to read:

~~[26-8a-405.4]~~. **53-2d-505.4. Non-911 provider -- Finding of meritorious complaint -- Request for proposals.**

(1) (a) This section applies to a non-911 provider license under this chapter.

(b) The ~~[department]~~ bureau shall, in accordance with Subsections (3) and (4):

(i) receive a complaint about a non-911 provider;

(ii) determine whether the complaint has merit;

(iii) issue a finding of:

(A) a meritorious complaint; or

(B) a non-meritorious complaint; and

(iv) forward a finding of a meritorious complaint to the governing body of the political subdivision:

(A) in which the non-911 provider is licensed; or

(B) that provides the non-911 services, if different from Subsection (1)(b)(iv)(A).

(2) (a) A political subdivision that receives a finding of a meritorious complaint from ~~[the department:]~~ the bureau shall take corrective action that the political subdivision determines is appropriate.

~~[(i) shall take corrective action that the political subdivision determines is appropriate; and]~~

~~[(ii) (b) [shall, if the] A political subdivision that determines corrective action will not resolve the complaint or is not appropriate shall:~~

~~[(A) (i) subject to Subsection (2)(c), issue a request for proposal for non-911 service~~

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in the geographic service area [~~if the political subdivision will not respond to the request for proposal~~]; or

~~[(B)]~~ ~~(ii)~~ ~~[(H)]~~ ~~(A)~~ make a finding that a request for proposal for non-911 services is appropriate [~~and the political subdivision intends to respond to a request for proposal~~]; and

~~[(H)]~~ ~~(B)~~ submit the political subdivision's findings to the [~~department~~] bureau with a request that the [~~department~~] bureau issue a request for proposal in accordance with Section ~~[26-8a-405.5]~~ 53-2d-505.5.

~~[(b)]~~ ~~(c)~~ A political subdivision that issues a request for proposal under Subsection (2)(b)(i):

(i) may not respond to the request for proposal; and

(ii) shall issue the request for proposal in accordance with Sections 53-2d-505.1 through 53-2d-505.3.

~~[(i) If Subsection (2)(a)(ii)(A) applies, the political subdivision shall issue the request for proposal in accordance with Sections 26-8a-405.1 through 26-8a-405.3.]~~

~~[(ii)]~~ ~~(d)~~ If [~~Subsection (2)(a)(ii)(B) applies~~] a political subdivision submits a request to the bureau described Subsection (2)(b)(i), the [~~department~~] bureau shall issue a request for proposal for non-911 services in accordance with Section 26-8a-405.5.

(3) The [~~department~~] bureau shall make a determination under Subsection (1)(b) if:

(a) the [~~department~~] bureau receives a written complaint from any of the following in the geographic service area:

(i) a hospital;

(ii) a health care facility;

(iii) a political subdivision; or

(iv) an individual; and

(b) the [~~department~~] bureau determines, in accordance with Subsection (1)(b), that the complaint has merit.

(4) (a) If the [~~department~~] bureau receives a complaint under Subsection (1)(b), the department shall request a written response from the non-911 provider concerning the complaint.

(b) The [~~department~~] bureau shall make a determination under Subsection (1)(b) based on:

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(i) the written response from the non-911 provider; and  
(ii) other information that the department may have concerning the quality of service of the non-911 provider.

(c) (i) The [~~department's~~] bureau's determination under Subsection (1)(b) is not subject to an adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.

(ii) The [~~department~~] bureau shall adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of Subsection (1)(b).

Section 63. Section **53-2d-505.5**, which is renumbered from Section 26-8a-405.5 is renumbered and amended to read:

~~[26-8a-405.5].~~      **53-2d-505.5. Use of competitive sealed proposals -- Procedure -- Appeal rights.**

(1) (a) The [~~department~~] bureau shall issue a request for proposal for non-911 services in a geographic service area if the [~~department~~] bureau receives a request from a political subdivision under Subsection [~~26-8a-405.4(2)(a)(ii)(B)~~] 53-2d-505.4(2)(d) to issue a request for proposal for non-911 services.

(b) Competitive sealed proposals for non-911 services under Subsection (1)(a) shall be solicited through a request for proposal and the provisions of this section.

(c) (i) Notice of the request for proposals shall be published:

(A) at least once a week for three consecutive weeks in a newspaper of general circulation published in the county; or

(B) if there is no such newspaper, then notice shall be posted for at least 20 days in at least five public places in the county; and

(ii) in accordance with Section 45-1-101 for at least 20 days.

(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 department shall hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.

(ii) The department shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.

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(c) (i) Subsequent to the presubmission conference, the department may issue addenda to the request for proposals.

(ii) An [~~addenda~~] addendum to a request for proposal shall be finalized and posted by the department at least 45 days before the day 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) The [~~department~~] bureau may select an applicant approved by the [~~department~~] bureau under Section [~~26-8a-404~~] 53-2d-504 to provide non-911 services by contract to the most responsible offeror as defined in Section 63G-6a-103.

(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 public, 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~~] 53-2d-504 and who are selected under this section may be the political subdivision responding to the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.

(c) The [~~department~~] bureau may reject all of the competitive proposals.

(4) In seeking competitive sealed proposals and awarding contracts under this section, the [~~department~~] bureau:

(a) shall consider the public convenience and necessity factors listed in Subsections [~~26-8a-408(2)~~] 53-2d-508(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

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subdivision;

(d) shall require an applicant to submit the proposal:

(i) 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 department in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include:

(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 license issued under this section:

(a) is for the exclusive geographic service area approved by the department;

(b) is valid for four years;

(c) is not subject to a request for license from another applicant under the provisions of Sections ~~[26-8a-406]~~ 53-2d-506 through ~~[26-8a-409]~~ 53-2d-509 during the four-year term, unless the applicant's license is revoked under Section ~~[26-8a-504]~~ 53-2d-604;

(d) is subject to supervision by the department under Sections ~~[26-8a-503]~~ 53-2d-603 and ~~[26-8a-504]~~ 53-2d-604; and

(e) except as provided in Subsection (4)(a), is not subject to the provisions of Sections ~~[26-8a-406]~~ 53-2d-506 through ~~[26-8a-409]~~ 53-2d-509.

Section 64. Section **53-2d-506**, which is renumbered from Section 26-8a-406 is

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renumbered and amended to read:

~~[26-8a-406]~~. 53-2d-506. **Ground ambulance and paramedic licenses --**

### **Parties.**

(1) When an applicant approved under Section ~~[26-8a-404]~~ 53-2d-504 seeks licensure under the provisions of Sections ~~[26-8a-406]~~ 53-2d-506 through ~~[26-8a-409]~~ 53-2d-509, the ~~[department]~~ bureau 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:
  - (i) 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; and
  - (ii) in accordance with Section 45-1-101 for four weeks.
- (2) An interested party has 30 days to object to an application.
- (3) If an interested party objects, the presiding officer shall join the interested party as an indispensable party to the proceeding.
- (4) The ~~[department]~~ bureau 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 65. Section **53-2d-507**, which is renumbered from Section 26-8a-407 is renumbered and amended to read:

~~[26-8a-407]~~. 53-2d-507. **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]~~ 53-2d-508;
  - (c) set aside a separate time during the proceedings to accept public comment on the

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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]~~ 53-2d-508.

(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) (a) Upon conversion to a formal adjudicative proceeding, a hearing officer shall be assigned to the application as provided in Section ~~[26-8a-409]~~ 53-2d-509.

(b) The hearing office shall:

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

~~[(b)]~~ (ii) apply the criteria established in Section ~~[26-8a-408]~~ 53-2d-508; and

~~[(c)]~~ (iii) 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]~~ 53-2d-508 have been satisfied.

Section 66. Section **53-2d-508**, which is renumbered from Section 26-8a-408 is renumbered and amended to read:

~~[26-8a-408]~~. **53-2d-508. 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) (a) Access to emergency medical services shall be maintained or improved.

(b) 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.

(c) The issuance or amendment of a license may not create an orphaned area.

(3) (a) The quality of service in the area shall be maintained or improved.

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(b) The officer shall consider the:

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

~~(b)~~ (ii) training and licensure levels of the current licensed provider's staff and the applicant's staff;

~~(c)~~ (iii) continuing medical education provided by the current licensed provider and the applicant;

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

~~(e)~~ (v) plan of medical control; and

~~(f)~~ (vi) the negative or beneficial impact on the regional emergency medical service system to provide service to the public.

(4) (a) The cost to the public shall be justified.

(b) The officer shall consider:

~~(a)~~ (i) the financial solvency of the applicant;

~~(b)~~ (ii) the applicant's ability to provide services within the rates established under Section ~~[26-8a-403]~~ 53-2d-503;

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

~~(d)~~ (iv) the cost efficiency of the applicant; and

~~(e)~~ (v) the cost effect of the application on the public, interested parties, and the emergency medical services system.

(5) (a) Local desires concerning cost, quality, and access shall be considered.

(b) The officer shall assess and consider:

~~(a)~~ (i) the existing provider's record of providing services and the applicant's record and ability to provide similar or improved services;

~~(b)~~ (ii) locally established emergency medical services goals, including those established in Subsection (7);

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

~~(d)~~ (iv) comment by interested parties that are providers on the impact of the application on the parties' ability to provide emergency medical services;

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

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application on the citizens it represents; and

~~[(f)]~~ (vi) public comment on any aspect of the application or proposed license.

(6) Other related criteria:

(a) the officer considers necessary; or

(b) established by ~~[department]~~ bureau rule.

(7) Local governments shall 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 67. Section **53-2d-509**, which is renumbered from Section 26-8a-409 is renumbered and amended to read:

~~[26-8a-409]~~. **53-2d-509**. **Ground ambulance and paramedic licenses --**

**Hearing and presiding officers.**

(1) The ~~[department]~~ bureau shall set 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]~~ bureau 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]~~ bureau 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]~~ bureau.

(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]~~ bureau 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.

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Section 68. Section **53-2d-510**, which is renumbered from Section 26-8a-410 is renumbered and amended to read:

~~[26-8a-410]~~. **53-2d-510. Local approvals.**

(1) Licensed ambulance providers and paramedic providers shall meet all local zoning and business licensing standards generally applicable to businesses operating within the jurisdiction.

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

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

Section 69. Section **53-2d-511**, which is renumbered from Section 26-8a-411 is renumbered and amended to read:

~~[26-8a-411]~~. **53-2d-511. Limitation on repetitive applications.**

A person who has previously applied for a license under Sections ~~[26-8a-406]~~ 53-2d-506 through ~~[26-8a-409]~~ 53-2d-509 may not apply for a license for the same service that covers any exclusive geographic service area that was the subject of the prior application unless:

(1) one year has passed from the date of the issuance of a final decision under Section ~~[26-8a-407]~~ 53-2d-507; or

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

Section 70. Section **53-2d-512**, which is renumbered from Section 26-8a-412 is renumbered and amended to read:

~~[26-8a-412]~~. **53-2d-512. License for air ambulance providers.**

(1) An applicant for an air ambulance provider shall apply to the ~~[department]~~ bureau for a license only by:

- (a) submitting a complete application;
- (b) providing information in the format required by the ~~[department]~~ bureau; and
- (c) paying the required fees.

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(2) The [~~department~~] bureau may make rules establishing minimum qualifications and requirements for:

- (a) personnel;
- (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~~] bureau shall review the application and determine whether the application meets the minimum requirements for licensure.

(4) The [~~department~~] bureau may deny an application for an air ambulance if:

(a) the [~~department~~] bureau 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~~] bureau finds after inspection that the applicant does not meet the minimum requirements for licensure.

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

Section 71. Section **53-2d-513**, which is renumbered from Section 26-8a-413 is renumbered and amended to read:

~~[26-8a-413]~~. **53-2d-513. License renewals.**

(1) A licensed provider desiring to renew its license shall meet the renewal requirements established by [~~department~~] bureau rule.

(2) The [~~department~~] bureau 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:

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(a) the applicant was licensed under the provisions of Sections [~~26-8a-406~~] 53-2d-506 through [~~26-8a-409~~] 53-2d-509; and

(b) there has been:

(i) no change in controlling interest in the ownership of the licensee as defined in Section [~~26-8a-415~~] 53-2d-515;

(ii) no serious, substantiated public complaints filed with the department against the licensee during the term of the previous license;

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

(iv) no reasoned objection from the committee or the department; and

(v) no change to the license type.

(3) (a) (i) The provisions of this Subsection (3) apply to a provider licensed under the provisions of Sections [~~26-8a-405.1~~] 53-2d-505.1 and [~~26-8a-405.2~~] 53-2d-505.2.

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

(b) (i) The [~~department~~] bureau 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~~] bureau that the provider has met all of the specifications of the original bid.

(ii) If the political subdivision does not certify to the [~~department~~] bureau that the provider has met all of the specifications of the original bid, the [~~department~~] bureau may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections [~~26-8a-405.1~~] 53-2d-505.1 and [~~26-8a-405.2~~] 53-2d-505.2.

(c) (i) The [~~department~~] bureau 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~~] bureau 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~~] bureau and the political subdivision receive the notice in accordance with Subsection (3)(c)(i), the [~~department~~] bureau may not issue a renewal license

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and the political subdivision shall enter into a public bid process under Sections [~~26-8a-405.1~~] 53-2d-505.1 and [~~26-8a-405.2~~] 53-2d-505.2.

(4) The [~~department~~] bureau 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~~] bureau rule.

Section 72. Section **53-2d-514**, which is renumbered from Section 26-8a-414 is renumbered and amended to read:

~~[26-8a-414].~~            **53-2d-514. Annexations.**

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

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

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

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

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

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

(B) the [~~department~~] bureau.

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

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

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

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- (B) adequate apparatus and equipment to deliver emergency medical services;
- (C) adequate funding for personnel and equipment; and
- (D) appropriate medical controls, such as a medical director and base hospital.

(iii) The [department] bureau shall submit the results of the audit in writing to the municipal legislative body.

(3) (a) If the [department] bureau audit finds that the municipality meets the requirements of Subsection (2)(b)(ii), the [department] bureau shall issue an amended license to the municipality and all other affected licensees to reflect the municipality's new boundaries after the [department] bureau 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] bureau 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] bureau shall conduct an adjudicative proceeding when requested under Subsection (3)(b)(i).

(iii) Notwithstanding the provisions of Sections ~~[26-8a-404]~~ 53-2d-504 through ~~[26-8a-409]~~ 53-2d-509, in any adjudicative proceeding held under the provisions of Subsection (3)(b)(i), the [department] bureau 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] bureau shall issue amended licenses if the municipality prevails in the adjudicative proceeding.

Section 73. Section **53-2d-515**, which is renumbered from Section 26-8a-415 is renumbered and amended to read:

~~[26-8a-415].~~            **53-2d-515. Changes in ownership.**

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

- (a) to establish whether the new owner or new controlling party meets minimum

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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~~] 53-2d-508.

(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 the name of the licensee;

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

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

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

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

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

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

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

Section 74. Section ~~53-2d-516~~, which is renumbered from Section 26-8a-416 is renumbered and amended to read:

~~[26-8a-416]~~. 53-2d-516. Overlapping licenses.

(1) As used in this section:

(a) "Overlap" means two ground ambulance interfacility transport providers that are

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licensed at the same level of service in all or part of a single geographic service area.

(b) "Overlay" means two ground ambulance interfacility transport providers that are licensed at a different level of service in all or part of a single geographic service area.

(2) Notwithstanding the exclusive geographic service requirement of Section ~~[26-8a-402]~~ 53-2d-502, the ~~[department]~~ bureau shall recognize overlap and overlay ground ambulance interfacility transport licenses that existed on or before May 4, 2022.

(3) The ~~[department]~~ bureau may, without an adjudicative proceeding but with at least 30 days notice to providers in the same geographic service area, amend an existing overlay ground ambulance interfacility transport license solely to convert an overlay into an overlap if the existing ground ambulance interfacility transport licensed provider meets the requirements described in Subsection ~~[26-8a-404(4)]~~ 53-2d-504(4).

(4) An amendment of a license under this section may not alter:

(a) other terms of the original license, including the applicable geographic service area;

or

(b) the license of other providers that provide interfacility transport services in the geographic service area.

(5) Notwithstanding Subsection (2), any license for an overlap area terminates upon:

(a) relinquishment by the provider; or

(b) revocation by the department.

Section 75. Section **53-2d-601**, which is renumbered from Section 26-8a-501 is renumbered and amended to read:

### **Part 6. Enforcement Provisions**

~~[26-8a-501].~~      **53-2d-601. Discrimination prohibited.**

(1) No person licensed 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 76. Section **53-2d-602**, which is renumbered from Section 26-8a-502 is renumbered and amended to read:

~~[26-8a-502].~~      **53-2d-602. Illegal activity.**

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(1) Except as provided in Section ~~[26-8a-308]~~ 53-2d-408 or ~~[26-8b-201]~~ 53-2d-201, a person may not:

(a) practice or engage in the practice, represent that the person is 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 licensed, certified, or designated under this chapter; or

(b) offer an emergency medical service that requires a license, certification, or designation under this chapter unless the person is licensed, certified, or designated under this chapter.

(2) A person may not:

(a) advertise or represent that the person holds a license, certification, or designation required under this chapter, unless that person holds the license, certification, or designation under this chapter[-];

~~[(3)]~~ (b) ~~[A person may not]~~ employ or permit any employee to perform any service for which a license or certification is required by this chapter, unless the person performing the service possesses the required license or certification under this chapter[-];

~~[(4)]~~ (c) ~~[A person may not wear,]~~ display, sell, reproduce, or otherwise use any Utah Emergency Medical Services insignia without authorization from the ~~[department.]~~ bureau;

~~[(5)]~~ (d) ~~[A person may not]~~ reproduce or otherwise use materials developed by the department for licensure or certification testing or examination without authorization from the ~~[department.]~~ bureau; or

~~[(6)]~~ (e) ~~[A person may not]~~ willfully summon an ambulance or emergency response vehicle or report that one is needed when the person knows that the ambulance or emergency response vehicle is not needed.

(3) A violation of Subsection (1) or (2) is a class B misdemeanor.

~~[(7) A person who violates this section is subject to Section 26-23-6.]~~

Section 77. Section **53-2d-602.1**, which is renumbered from Section 26-8a-502.1 is renumbered and amended to read:

~~[26-8a-502.1].~~      **53-2d-602.1. Prohibition on the use of "911".**

(1) As used in this section:

(a) "Emergency services" means services provided by a person in response to an

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emergency.

(b) "Emergency services" includes:

- (i) fire protection services;
- (ii) paramedic services;
- (iii) law enforcement services;
- (iv) 911 ambulance or paramedic services, as defined in Section 26-8a-102; and
- (v) any other emergency services.

(2) A person may not use "911" or other similar sequence of numbers in the person's name with the purpose to deceive the public that the person operates or represents emergency services, unless the person is authorized to provide emergency services.

(3) A violation of Subsection (2) is:

- (a) a class C misdemeanor; and
- (b) subject to a fine of up to \$500 per violation.

Section 78. Section ~~53-2d-603~~, which is renumbered from Section 26-8a-503 is renumbered and amended to read:

~~[26-8a-503]~~. **53-2d-603. Discipline of emergency medical services personnel.**

(1) The [~~department~~] bureau may refuse to issue a license or renewal, or revoke, suspend, restrict, or place on probation an individual's license if:

- (a) the individual does not meet the qualifications for licensure under Section [~~26-8a-302~~] 53-2d-402;
- (b) the individual has engaged in conduct, as defined by committee rule, that:
  - (i) is unprofessional;
  - (ii) is adverse to the public health, safety, morals, or welfare; or
  - (iii) would adversely affect public trust in the emergency medical service system;
- (c) the individual has violated Section [~~26-8a-502~~] 53-2d-602 or other provision of this chapter;
- (d) the individual has violated Section 58-1-509;
- (e) a court of competent jurisdiction has determined the individual to be mentally incompetent for any reason; or
- (f) the individual is unable to provide emergency medical services with reasonable skill

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and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated.

(2) (a) An action to revoke, suspend, restrict, or place a license on probation shall be done in:

(i) consultation with the peer review board created in Section ~~[26-8a-105]~~ 53-2d-103; and

(ii) accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(b) Notwithstanding Subsection (2)(a), the ~~[department]~~ bureau may issue a cease and desist order under Section ~~[26-8a-507]~~ 53-2d-607 to immediately suspend an individual's license pending an administrative proceeding to be held within 30 days if there is evidence to show that the individual poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.

(3) An individual whose license has been suspended, revoked, or restricted may apply for reinstatement of the license at reasonable intervals and upon compliance with any conditions imposed upon the license by statute, committee rule, or the terms of the suspension, revocation, or restriction.

~~[(4) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26-23-6.]~~

Section 79. Section **53-2d-604**, which is renumbered from Section 26-8a-504 is renumbered and amended to read:

~~[26-8a-504].~~        **53-2d-604. Discipline of designated and licensed providers.**

(1) The ~~[department]~~ bureau may refuse to issue a license or designation or a renewal, or revoke, suspend, restrict, or place on probation, an emergency medical service provider's license or designation if the provider has:

(a) failed to abide by terms of the license or designation;

(b) violated statute or rule;

(c) failed to provide services at the level or in the exclusive geographic service area required by the license or designation;

(d) failed to submit a renewal application in a timely fashion as required by department

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rule;

(e) failed to follow operational standards established by the committee; or

(f) committed an act in the performance of a professional duty that endangered the public or constituted gross negligence.

(2) (a) An action to revoke, suspend, restrict, or place a license or designation on probation shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order under Section ~~[26-8a-507]~~ 53-2d-607 to immediately suspend a license or designation pending an administrative proceeding to be held within 30 days if there is evidence to show that the provider or facility poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.

~~[(3) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26-23-6.]~~

Section 80. Section **53-2d-605**, which is renumbered from Section 26-8a-505 is renumbered and amended to read:

~~[26-8a-505].~~      **53-2d-605. Service interruption or cessation -- Receivership -- Default coverage -- Notice.**

(1) Acting in the public interest, the department may petition the district court where an ambulance or paramedic provider operates or the district court with jurisdiction in Salt Lake County to appoint the ~~[department]~~ bureau or an independent receiver to continue the operations of a provider upon any one of the following conditions:

(a) the provider ceases or intends to cease operations;

(b) the provider becomes insolvent;

(c) the ~~[department]~~ bureau has initiated proceedings to revoke the provider's license and has determined that the lives, health, safety, or welfare of the population served within the provider's exclusive geographic service area are endangered because of the provider's action or inaction pending a full hearing on the license revocation; or

(d) the ~~[department]~~ bureau has revoked the provider's license and has been unable to adequately arrange for another provider to take over the provider's exclusive geographic service area.

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(2) If a licensed or designated provider ceases operations or is otherwise unable to provide services, the [department] bureau may arrange for another licensed provider to provide services on a temporary basis until a license is issued.

(3) A licensed provider shall give the department 30 days notice of its intent to cease operations.

Section 81. Section **53-2d-606**, which is renumbered from Section 26-8a-506 is renumbered and amended to read:

~~[26-8a-506].~~            **53-2d-606. Investigations for enforcement of chapter.**

(1) The [department] bureau may, for the purpose of ascertaining compliance with the provisions of this chapter, enter and inspect on a routine basis the business premises and equipment of a person:

(a) with a designation, permit, or license; or

(b) who holds himself out to the general public as providing a service for which a designation, permit, or license is required under Section ~~[26-8a-304]~~ 53-2d-401.

(2) Before conducting an inspection under Subsection (1), the [department] bureau shall, after identifying the person in charge:

(a) give proper identification;

(b) describe the nature and purpose of the inspection; and

(c) if necessary, explain the authority of the department to conduct the inspection.

(3) In conducting an inspection under Subsection (1), the [department] bureau may, after meeting the requirements of Subsection (2):

(a) inspect records, equipment, and vehicles; and

(b) interview personnel.

(4) An inspection conducted under Subsection (1) shall be during regular operational hours.

Section 82. Section **53-2d-607**, which is renumbered from Section 26-8a-507 is renumbered and amended to read:

~~[26-8a-507].~~            **53-2d-607. Cease and desist orders.**

The [department] bureau may issue a cease and desist order to any person who:

(1) may be disciplined under Section ~~[26-8a-503]~~ 53-2d-603 or ~~[26-8a-504]~~ 53-2d-604;

or

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(2) otherwise violates this chapter or any rules adopted under this chapter.

Section 83. Section **53-2d-701**, which is renumbered from Section 26-8a-601 is renumbered and amended to read:

### **Part 7. Miscellaneous**

~~[26-8a-601]~~. **53-2d-701. Persons and activities exempt from civil liability.**

(1) (a) Except as provided in Subsection (1)(b), a licensed physician, physician's assistant, or licensed registered nurse who, gratuitously and in good faith, gives oral or written instructions to any of the following is not liable for any civil damages as a result of issuing the instructions:

(i) an individual licensed or certified under Section ~~[26-8a-302]~~ 53-2b-402;

(ii) an individual who uses a fully automated external defibrillator~~[, as defined in Section 26-8b-102]~~; or

(iii) an individual who administers CPR~~[, as defined in Section 26-8b-102]~~.

(b) The liability protection described in Subsection (1)(a) does not apply if the instructions given were the result of gross negligence or willful misconduct.

(2) An individual licensed or certified under Section ~~[26-8a-302]~~ 53-2d-402, during either training or after licensure or certification, a licensed physician, a physician assistant, or a registered nurse who, gratuitously and in good faith, provides emergency medical instructions or renders emergency medical care authorized by this chapter is not liable for any civil damages as a result of any act or omission in providing the emergency medical instructions or medical care, unless the act or omission is the result of gross negligence or willful misconduct.

(3) An individual licensed or certified under Section ~~[26-8a-302]~~ 53-2d-402 is not subject to civil liability for failure to obtain consent in rendering emergency medical services authorized by this chapter to any individual who is unable to give his consent, regardless of the individual's age, where there is no other person present legally authorized to consent to emergency medical care, provided that the licensed individual acted in good faith.

(4) A principal, agent, contractor, employee, or representative of an agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises any functions of an individual licensed or certified under Section ~~[26-8a-302]~~ 53-2d-402 is not liable for any civil damages for any act or omission in connection with the sponsorship, authorization, support, finance, or supervision of the

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licensed or certified individual where the act or omission occurs in connection with the licensed or 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 licensed or certified individual, and unless the act or omission is the result of gross negligence or willful misconduct.

(5) A physician or physician assistant who gratuitously and in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical ~~(ICU)~~ 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 or physician assistant has secured an agreement from the receiving facility to accept and render necessary treatment to the patient.

(6) An individual 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~~] National Ski Patrol System 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.

Section 84. Section **53-2d-702**, which is renumbered from Section 26-8a-602 is renumbered and amended to read:

~~[26-8a-602].~~            **53-2d-702. Notification of air ambulance policies and charges.**

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

(a) provide the patient or the patient's representative with the information described in Subsection [~~26-8a-107(7)(a)~~] 53-2d-107(7)(a) before contacting an air medical transport

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provider; and

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

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

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

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

Section 85. Section **53-2d-703**, which is renumbered from Section 26-8a-603 is renumbered and amended to read:

~~[26-8a-603].~~        **53-2d-703. Volunteer Emergency Medical Service Personnel Health Insurance Program -- Creation -- Administration -- Eligibility -- Benefits -- Rulemaking -- Advisory board.**

(1) As used in this section:

(a) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.

(b) "Local government entity" means a political subdivision that:

(i) is licensed as a ground ambulance provider under [~~Part 4, Ambulance and Paramedic Providers~~] Part 5, Ambulance and Paramedic Providers; and

(ii) as of January 1, 2022, does not offer health insurance benefits to volunteer emergency medical service personnel.

(c) "PEHP" means the Public Employees' Benefit and Insurance Program created in Section 49-20-103.

(d) "Political subdivision" means a county, a municipality, a limited purpose government entity described in Title 17B, Limited Purpose Local Government Entities - Local Districts, or Title 17D, Limited Purpose Local Government Entities - Other Entities, or an entity created by an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act.

(e) "Qualifying association" means an association that represents two or more political subdivisions in the state.

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(2) The Volunteer Emergency Medical Service Personnel Health Insurance Program shall promote recruitment and retention of volunteer emergency medical service personnel by making health insurance available to volunteer emergency medical service personnel.

(3) The [~~department~~] bureau shall contract with a qualifying association to create, implement, and administer the Volunteer Emergency Medical Service Personnel Health Insurance Program described in this section.

(4) Participation in the program is limited to emergency medical service personnel who:

(a) are licensed under Section [~~26-8a-302~~] 53-2d-402 and are able to perform all necessary functions associated with the license;

(b) provide emergency medical services under the direction of a local governmental entity:

(i) by responding to 20% of calls for emergency medical services in a rolling twelve-month period;

(ii) within a county of the third, fourth, fifth, or sixth class; and

(iii) as a volunteer under the Fair Labor Standards Act, in accordance with 29 C.F.R. Sec. 553.106;

(c) are not eligible for a health benefit plan through an employer or a spouse's employer;

(d) are not eligible for medical coverage under a government sponsored healthcare program; and

(e) reside in the state.

(5) (a) A participant in the program is eligible to participate in PEHP in accordance with Subsection (5)(b) and Subsection 49-20-201(3).

(b) Benefits available to program participants under PEHP are limited to health insurance that:

(i) covers the program participant and the program participant's eligible dependents on a July 1 plan year;

(ii) accepts enrollment during an open enrollment period or for a special enrollment event, including the initial eligibility of a program participant;

(iii) if the program participant is no longer eligible for benefits, terminates on the last

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day of the last month for which the individual is a participant in the Volunteer Emergency Medical Service Personnel Health Insurance Program; and

(iv) is not subject to continuation rights under state or federal law.

(6) (a) The [~~department~~] bureau may make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to define additional criteria regarding benefit design and eligibility for the program.

(b) The [~~department~~] bureau shall convene an advisory board:

(i) to advise the [~~department~~] bureau on making rules under Subsection (6)(a); and

(ii) that includes representation from at least the following entities:

(A) the qualifying association that receives the contract under Subsection (3); and

(B) PEHP.

(7) For purposes of this section, the qualifying association that receives the contract under Subsection (3) shall be considered the public agency for whom the program participant is volunteering under 29 C.F.R. Sec. 553.101.

Section 86. Section **53-2d-801**, which is renumbered from Section 26-8b-201 is renumbered and amended to read:

### **Part 8. Utah Sudden Cardiac Arrest Survival Act**

~~[26-8b-201]~~. **53-2d-801. Authority to administer CPR or use an AED.**

~~[(+)]~~ A person may:

(1) [~~may~~] administer CPR on another [~~person~~] individual without a license, certificate, or other governmental authorization if the person reasonably believes that the [~~other person~~] individual is in sudden cardiac arrest~~[-]~~; or

~~[(2) A person]~~

(2) [~~may~~] use an AED on another [~~person~~] individual without a license, certificate, or other governmental authorization if the person reasonably believes that the [~~other person~~] individual is in sudden cardiac arrest.

Section 87. Section **53-2d-802**, which is renumbered from Section 26-8b-202 is renumbered and amended to read:

~~[26-8b-202]~~. **53-2d-802. Immunity.**

(1) Except as provided in Subsection (3), the following persons are not subject to civil liability for any act or omission relating to preparing to care for, responding to care for, or

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providing care to, another ~~[person]~~ individual who reasonably appears to be in sudden cardiac arrest:

(a) a person authorized, under Section ~~[26-8b-201]~~ 53-2d-801, to administer CPR,

who:

(i) gratuitously and in good faith attempts to administer or administers CPR to another

person; or

(ii) fails to administer CPR to another person;

(b) a person authorized, under Section ~~[26-8b-201]~~ 53-2d-801, to use an AED who:

(i) gratuitously and in good faith attempts to use or uses an AED; or

(ii) fails to use an AED;

(c) a person that teaches or provides a training course in administering CPR or using an AED;

(d) a person that acquires an AED;

(e) a person that owns, manages, or is otherwise responsible for the premises or conveyance where an AED is located;

(f) a person who retrieves an AED in response to a perceived or potential sudden cardiac arrest;

(g) a person that authorizes, directs, or supervises the installation or provision of an AED;

(h) a person involved with, or responsible for, the design, management, or operation of a CPR or AED program;

(i) a person involved with, or responsible for, reporting, receiving, recording, updating, giving, or distributing information relating to the ownership or location of an AED under ~~[Part 3, Automatic External Defibrillator Databases]~~ Section 53-2d-80; or

(j) a physician who gratuitously and in good faith:

(i) provides medical oversight for a public AED program; or

(ii) issues a prescription for a person to acquire or use an AED.

(2) This section does not relieve a manufacturer, designer, developer, marketer, or commercial distributor of an AED, or an accessory for an AED, of any liability.

(3) The liability protection described in Subsection (1) does not apply to an act or omission that constitutes gross negligence or willful misconduct.

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Section 88. Section **53-2d-803**, which is renumbered from Section 26-8b-301 is renumbered and amended to read:

~~[26-8b-301]~~. **53-2d-803. Reporting location of automatic external defibrillators.**

(1) In accordance with Subsection (2) and except as provided in Subsection (3):

(a) a person who owns or leases an AED shall report the person's name, address, and telephone number, and the exact location of the AED, in writing or by a web-based AED registration form, if available, to the emergency medical dispatch center that provides emergency dispatch services for the location where the AED is installed, if the person:

- (i) installs the AED;
- (ii) causes the AED to be installed; or
- (iii) allows the AED to be installed; and

(b) a person who owns or leases an AED that is removed from a location where it is installed shall report the person's name, address, and telephone number, and the exact location from which the AED is removed, in writing or by a web-based AED registration form, if available, to the emergency medical dispatch center that provides emergency dispatch services for the location from which the AED is removed, if the person:

- (i) removes the AED;
- (ii) causes the AED to be removed; or
- (iii) allows the AED to be removed.

(2) A report required under Subsection (1) shall be made within 14 days after the day on which the AED is installed or removed.

(3) Subsection (1) does not apply to an AED:

- (a) at a private residence; or
- (b) in a vehicle or other mobile or temporary location.

(4) A person who owns or leases an AED that is installed in, or removed from, a private residence may voluntarily report the location of, or removal of, the AED to the emergency medical dispatch center that provides emergency dispatch services for the location where the private residence is located.

(5) The department may not impose a penalty on a person for failing to comply with the requirements of this section.

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Section 89. Section **53-2d-804**, which is renumbered from Section 26-8b-302 is renumbered and amended to read:

~~[26-8b-302].~~            **53-2d-804. Distributors to notify of reporting requirements.**

A person in the business of selling or leasing an AED shall, at the time the person provides, sells, or leases an AED to another person, notify the other person, in writing, of the reporting requirements described in Section ~~[26-8b-301]~~ 53-2d-803.

Section 90. Section **53-2d-805**, which is renumbered from Section 26-8b-303 is renumbered and amended to read:

~~[26-8b-303].~~            **53-2d-805. Duties of emergency medical dispatch centers.**

An emergency medical dispatch center shall:

- (1) implement a system to receive and manage the information reported to the emergency medical dispatch center under Section ~~[26-8b-301]~~ 53-2d-803;
- (2) record in the system described in Subsection (1), all information received under Section ~~[26-8b-301]~~ 53-2d-803 within 14 days after the day on which the information is received;
- (3) inform ~~[a person]~~ an individual who calls to report a potential incident of sudden cardiac arrest of the location of an AED located at the address of the potential sudden cardiac arrest;
- (4) provide verbal instructions to ~~[a person]~~ an individual described in Subsection (3) to:
  - (a) help ~~[a person]~~ the individual determine if a patient is in cardiac arrest; and
  - (b) if needed:
    - (i) provide direction to start CPR;
    - (ii) offer instructions on how to perform CPR; or
    - (iii) offer instructions on how to use an AED, if one is available; and
- (5) provide the information contained in the system described in Subsection (1), upon request, to the bureau.

Section 91. Section **53-2d-806**, which is renumbered from Section 26-8b-401 is renumbered and amended to read:

~~[26-8b-401].~~            **53-2d-806. Education and training.**

- (1) The bureau shall work in cooperation with federal, state, and local agencies and

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schools, to encourage individuals to complete courses on the administration of CPR and the use of an AED.

(2) A person who owns or leases an AED shall encourage each ~~[person]~~ individual who is likely to use the AED to complete courses on the administration of CPR and the use of an AED.

Section 92. Section **53-2d-807**, which is renumbered from Section 26-8b-402 is renumbered and amended to read:

~~[26-8b-402].~~            **53-2d-807. AEDs for demonstration purposes.**

(1) Any AED used solely for demonstration or training purposes, which is not operational for emergency use is, except for the provisions of this section, exempt from the provisions of this chapter.

(2) The owner of an AED described in Subsection (1) shall clearly mark on the exterior of the AED that the AED is for demonstration or training use only.

Section 93. Section **53-2d-808**, which is renumbered from Section 26-8b-501 is renumbered and amended to read:

~~[26-8b-501].~~            **53-2d-808. Tampering with an AED prohibited -- Penalties.**

A person is guilty of a class C misdemeanor if the person removes, tampers with, or otherwise disturbs an AED, AED cabinet or enclosure, or AED sign, unless:

(1) the person is authorized by the AED owner for the purpose of:

(a) inspecting the AED or AED cabinet or enclosure; or

(b) performing maintenance or repairs on the AED, the AED cabinet or enclosure, a wall or structure that the AED cabinet or enclosure is directly attached to, or an AED sign;

(2) the person is responding to, or providing care to, a potential sudden cardiac arrest patient; or

(3) the person acts in good faith with the intent to support, and not to violate, the recognized purposes of the AED.

Section 94. Section **53-2d-809**, which is renumbered from Section 26-8b-602 is renumbered and amended to read:

~~[26-8b-602].~~            **53-2d-809. Automatic External Defibrillator Restricted Account.**

(1) (a) There is created a restricted account within the General Fund known as the

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Automatic External Defibrillator Restricted Account to provide AEDs to entities under Subsection (4).

(b) The director of the bureau shall administer the account in accordance with rules made by the bureau in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(2) The restricted account shall consist of money appropriated to the account by the Legislature.

(3) The director of the bureau shall distribute funds deposited in the account to eligible entities, under Subsection (4), for the purpose of purchasing:

- (a) an AED;
- (b) an AED carrying case;
- (c) a wall-mounted AED cabinet; or
- (d) an AED sign.

(4) Upon appropriation, the director of the bureau shall distribute funds deposited in the account, for the purpose of purchasing items under Subsection (3), to:

(a) a municipal department of safety that routinely responds to incidents, or potential incidents, of sudden cardiac arrest;

(b) a municipal or county law enforcement agency that routinely responds to incidents, or potential incidents, of sudden cardiac arrest;

(c) a state law enforcement agency that routinely responds to incidents, or potential incidents, of sudden cardiac arrest;

(d) a school that offers instruction to grades kindergarten through 6;

(e) a school that offers instruction to grades 7 through 12; or

(f) a state institution of higher education.

(5) The director of the bureau shall distribute funds under this section to a municipality only if the municipality provides a match in funding for the total cost of items under Subsection (3):

(a) of 50% for the municipality, if the municipality is a city of first, second, or third class under Section 10-2-301; or

(b) of 75% for the municipality, other than a municipality described in Subsection (5)(a).

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(6) The director of the bureau shall distribute funds under this section to a county only if the county provides a match in funding for the total cost of items under Subsection (3):

(a) of 50% for the county, if the county is a county of first, second, or third class under Section 17-50-501; or

(b) of 75% for the county, other than a county described in Subsection (6)(a).

(7) In accordance with rules made by the bureau, an entity described in Subsection (4) may apply to the director of the bureau to receive a distribution of funds from the account by filing an application with the bureau on or before October 1 of each year.

~~{26-8d-102. Statewide}~~ Section 95. Section 53-2d-901, which is renumbered from Section 26-8d-102 is renumbered and amended to read:

### Part 9. Statewide Stroke and Cardiac Registries

#### ~~26-8d-102.~~ 53-2d-901. Statewide stroke registry.

(1) The [department] bureau shall establish and supervise a statewide stroke registry to:

(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation of stroke;

(b) promote optimal care for stroke patients;

(c) alleviate unnecessary death and disability from stroke;

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

(e) minimize the overall cost of stroke.

(2) The [department] bureau shall utilize the registry established under Subsection (1) to assess:

(a) the effectiveness of the data collected by the registry; and

(b) the impact of the statewide stroke registry on the provision of stroke care.

(3) (a) The [department] bureau shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish:

(i) the data elements that general acute hospitals shall report to the registry; and

(ii) the time frame and format for reporting.

(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics consistent with data elements used in nationally recognized data set platforms for stroke care.

(c) The department shall permit a general acute hospital to submit data required under

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this section through an electronic exchange of clinical health information that meets the standards established by the department under Section 26-1-37.

(4) A general acute hospital shall submit stroke data in accordance with rules established under Subsection (3).

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

(6) No person may be held civilly liable for providing data to the department in accordance with this section.

~~{26-8d-103. Statewide}~~ Section 96. Section 53-2d-902, which is renumbered from Section 26-8d-103 is renumbered and amended to read:

~~26-8d-103~~. 53-2d-902. Statewide cardiac registry.

(1) The [department] bureau shall establish and supervise a statewide cardiac registry to:

(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation of cardiac diseases;

(b) promote optimal care for cardiac patients;

(c) alleviate unnecessary death and disability from cardiac diseases;

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

(e) minimize the overall cost of cardiac care.

(2) The [department] bureau shall utilize the registry established under Subsection (1) to assess:

(a) the effectiveness of the data collected by the registry; and

(b) the impact of the statewide cardiac registry on the provision of cardiac care.

(3) (a) The [department] bureau shall make rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to establish:

(i) the data elements that general acute hospitals shall report to the registry; and

(ii) the time frame and format for reporting.

(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics consistent with data elements used in nationally recognized data set platforms for cardiac care.

(c) The [department] bureau shall permit a general acute hospital to submit data

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required under this section through an electronic exchange of clinical health information that meets the standards established by the department under Section 26-1-37.

(4) A general acute hospital shall submit cardiac data in accordance with rules established under Subsection (3).

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

(6) No person may be held civilly liable for providing data to the [department] bureau in accordance with this section.

~~{26-8d-104. Stroke}~~ Section 97. Section 53-2d-903, which is renumbered from Section 26-8d-104 is renumbered and amended to read:

[26-8d-104]. 53-2d-903. Stroke registry advisory committee.

(1) There is created within the [department] bureau a stroke registry advisory committee.

(2) The stroke registry advisory committee created in Subsection (1) shall:

(a) be composed of individuals knowledgeable in adult and pediatric stroke care, including physicians, physician assistants, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations;

(b) advise the [department] bureau regarding the development and implementation of the stroke registry;

(c) assist the [department] bureau in evaluating the quality and outcomes of the stroke registry; and

(d) review and comment on proposals and rules governing the statewide stroke registry.

~~{26-8d-105. Cardiac}~~ Section 98. Section 53-2d-904, which is renumbered from Section 26-8d-105 is renumbered and amended to read:

[26-8d-105]. 53-2d-904. Cardiac registry advisory committee.

(1) There is created within the [department] bureau a cardiac registry advisory committee.

(2) The cardiac registry advisory committee created in Subsection (1) shall:

(a) be composed of individuals knowledgeable in adult and pediatric cardiac care, including physicians, physician assistants, nurses, hospital administrators, emergency medical

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services personnel, government officials, consumers, and persons affiliated with professional health care associations;

(b) advise the ~~[department]~~ bureau regarding the development and implementation of the cardiac registry;

(c) assist the ~~[department]~~ bureau in evaluating the quality and outcomes of the cardiac registry; and

(d) review and comment on proposals and rules governing the statewide cardiac registry.

Section ~~{95}~~99. Section **53-2e-101**, which is renumbered from Section 26-8c-102 is renumbered and amended to read:

### **CHAPTER 2e. EMS PERSONNEL LICENSURE INTERSTATE COMPACT**

#### **~~[26-8c-102]~~. 53-2e-101. EMS Personnel Licensure Interstate Compact.**

#### **EMS PERSONNEL LICENSURE INTERSTATE COMPACT**

#### **SECTION 1. PURPOSE**

In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This Compact is intended to facilitate the day to day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

1. Increase public access to EMS personnel;
2. Enhance the states' ability to protect the public's health and safety, especially patient safety;
3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
4. Support licensing of military members who are separating from an active duty tour

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and their spouses;

5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;

6. Promote compliance with the laws governing EMS personnel practice in each member state; and

7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

### **SECTION 2. DEFINITIONS**

In this compact:

A. "Advanced Emergency Medical Technician (AEMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

B. "Adverse Action" means: any administrative, civil, equitable or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.

C. "Alternative program" means: a voluntary, non-disciplinary substance abuse recovery program approved by a state EMS authority.

D. "Certification" means: the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.

E. "Commission" means: the national administrative body of which all states that have enacted the compact are members.

F. "Emergency Medical Technician (EMT)" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

G. "Home State" means: a member state where an individual is licensed to practice emergency medical services.

H. "License" means: the authorization by a state for an individual to practice as an

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EMT, AEMT, paramedic, or a level in between EMT and paramedic.

I. "Medical Director" means: a physician licensed in a member state who is accountable for the care delivered by EMS personnel.

J. "Member State" means: a state that has enacted this compact.

K. "Privilege to Practice" means: an individual's authority to deliver emergency medical services in remote states as authorized under this compact.

L. "Paramedic" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

M. "Remote State" means: a member state in which an individual is not licensed.

N. "Restricted" means: the outcome of an adverse action that limits a license or the privilege to practice.

O. "Rule" means: a written statement by the interstate Commission promulgated pursuant to Section 12 of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

P. "Scope of Practice" means: defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform.

Q. "Significant Investigatory Information" means:

1. investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or

2. investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

R. "State" means: means any state, commonwealth, district, or territory of the United States.

S. "State EMS Authority" means: the board, office, or other agency with the legislative

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mandate to license EMS personnel.

### **SECTION 3. HOME STATE LICENSURE**

A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

C. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;

2. Has a mechanism in place for receiving and investigating complaints about individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;

4. No later than five years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. Sec. 731.202 and submit documentation of such as promulgated in the rules of the Commission; and

5. Complies with the rules of the Commission.

### **SECTION 4. COMPACT PRIVILEGE TO PRACTICE**

A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.

B. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:

1. Be at least 18 years of age;

2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority

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between EMT and paramedic; and

3. Practice under the supervision of a medical director.

C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.

D. Except as provided in Section 4 subsection C, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend, or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

E. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

F. If an individual's privilege to practice in any remote state is restricted, suspended, or revoked the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

### **SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE**

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

1. The individual originates a patient transport in a home state and transports the patient to a remote state;

2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;

3. The individual enters a remote state to provide patient care and/or transport within that remote state;

4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;

5. Other conditions as determined by rules promulgated by the commission.

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### **SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT**

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply and to the extent any terms or provisions of this Compact conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

### **SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES**

A. Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.

C. All individuals functioning with a privilege to practice under this Section remain subject to the Adverse Actions provisions of Section VIII.

### **SECTION 8. ADVERSE ACTIONS**

A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

B. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

1. All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.

2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

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C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.

D. A remote state may take adverse action on an individual's privilege to practice within that state.

E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

G. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

### **SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY**

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

2. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege

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to practice in the state.

### **SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE**

A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.

1. The Commission is a body politic and an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or his designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the Governor of the state will determine which entity will be responsible for assigning the delegate.

2. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section XII.

5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

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- a. Non-compliance of a member state with its obligations under the Compact;
- b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- c. Current, threatened, or reasonably anticipated litigation;
- d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
- e. Accusing any person of a crime or formally censuring any person;
- f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- h. Disclosure of investigatory records compiled for law enforcement purposes;
- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
- j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

1. Establishing the fiscal year of the Commission;
2. Providing reasonable standards and procedures:
  - a. for the establishment and meetings of other committees; and
  - b. governing any general or specific delegation of any authority or function of the

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Commission;

3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;

4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;

6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;

7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;

8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any[-];

9. The Commission shall maintain its financial records in accordance with the bylaws[-]; and

10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

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2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;

8. To sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.

E. Financing of the Commission

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1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

### **F. Qualified Immunity, Defense, and Indemnification**

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of

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any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

### **SECTION 11. COORDINATED DATABASE**

A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against an individual's license;
5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
6. Non-confidential information related to alternative program participation;
7. Any denial of application for licensure, and the reason(s) for such denial; and
8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. The coordinated database administrator shall promptly notify all member states of

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any adverse action taken against, or significant investigative information on, any individual in a member state.

D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

### **SECTION 12. RULEMAKING**

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission; and
2. On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit

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written data, facts, opinions, and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five (25) persons;
2. A governmental subdivision or agency; or
3. An association having at least twenty-five (25) members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and

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adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

### **SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

#### **A. Oversight**

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure

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to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

### **B. Default, Technical Assistance, and Termination**

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

### **C. Dispute Resolution**

1. Upon request by a member state, the Commission shall attempt to resolve disputes

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related to the compact that arise among member states and between member and non-member states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

### **D. Enforcement**

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

### **SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT**

A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

B. Any state that joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the compact becomes law in that state.

C. Any member state may withdraw from this compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

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2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

### SECTION 15. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.

Section ~~96~~100. Section **53-10-405** is amended to read:

**53-10-405. DNA specimen analysis -- Saliva sample to be obtained by agency -- Blood sample to be drawn by professional.**

(1) (a) A saliva sample shall be obtained by the responsible agency under Subsection 53-10-404(5).

(b) The sample shall be obtained in a professionally acceptable manner, using appropriate procedures to ensure the sample is adequate for DNA analysis.

(2) (a) A blood sample shall be drawn in a medically acceptable manner by any of the following:

- (i) a physician;
- (ii) a physician assistant;
- (iii) a registered nurse;
- (iv) a licensed practical nurse;
- (v) a paramedic;
- (vi) as provided in Subsection (2)(b), emergency medical service personnel other than paramedics; or
- (vii) a person with a valid permit issued by the Department of Health and Human

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Services under Section [~~26-1-30~~] 26B-1-202.

(b) The Department of Health and Human Services may designate by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency medical service personnel, as defined in Section [~~26-8a-102~~] 53-2d-101, are authorized to draw blood under Subsection (2)(a)(vi), based on the type of license under Section [~~26-8a-302~~] 53-2d-402.

(c) A person authorized by this section to draw a blood sample may not be held civilly liable for drawing a sample in a medically acceptable manner.

(3) A test result or opinion based upon a test result regarding a DNA specimen may not be rendered inadmissible as evidence solely because of deviations from procedures adopted by the department that do not affect the reliability of the opinion or test result.

(4) A DNA specimen is not required to be obtained if:

(a) the court or the responsible agency confirms with the department that the department has previously received an adequate DNA specimen obtained from the person in accordance with this section; or

(b) the court determines that obtaining a DNA specimen would create a substantial and unreasonable risk to the health of the person.

Section ~~{97}~~101. Section **53-21-101** is amended to read:

### **53-21-101. Definitions.**

As used in this chapter:

(1) "Crime scene investigator technician" means an individual employed by a law enforcement agency to collect and analyze evidence from crime scenes and crime-related incidents.

(2) "Department" means the Department of Public Safety.

(3) "First responder" means:

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

(b) an emergency medical technician, as defined in Section [~~26-8e-102~~] 53-2e-101;

(c) an advanced emergency medical technician, as defined in Section [~~26-8e-102~~] 53-2e-101;

(d) a paramedic, as defined in Section [~~26-8e-102~~] 53-2e-101;

(e) a firefighter, as defined in Section 34A-3-113;

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- (f) a dispatcher, as defined in Section 53-6-102;
  - (g) a correctional officer, as defined in Section 53-13-104;
  - (h) a special function officer, as defined in Section 53-13-105, employed by a local sheriff;
  - (i) a search and rescue worker under the supervision of a local sheriff;
  - (j) a credentialed criminal justice system victim advocate as defined in Section 77-38-403 who responds to incidents with a law enforcement officer;
  - (k) a crime scene investigator technician; or
  - (l) a wildland firefighter.
- (4) "First responder agency" means a local district, municipality, interlocal entity, or other political subdivision that employs a first responder to provide fire protection, paramedic, law enforcement, or emergency services.
- (5) "Mental health resources" means:
- (a) an assessment to determine appropriate mental health treatment that is performed by a mental health therapist;
  - (b) outpatient mental health treatment provided by a mental health therapist; or
  - (c) peer support services provided by a peer support specialist who is qualified to provide peer support services under Subsection 62A-15-103(2)(h).
- (6) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- (7) "Plan" means a plan to implement or expand a program that provides mental health resources to first responders for which the division awards a grant under this chapter.

Section ~~98~~102. 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

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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 regularly engage in the practice of the regulated occupation or profession in this state;

(f) an individual licensed under the laws of this state, other than under this title, to practice or engage in an occupation or profession, while engaged in the lawful, professional, and competent practice of that occupation or profession;

(g) an individual licensed in a health care profession in another state who performs that profession while attending to the immediate needs of a patient for a reasonable period during which the patient is being transported from outside of this state, into this state, or through this state;

(h) an individual licensed in another state or country who is in this state temporarily to attend to the needs of an athletic team or group, except that the practitioner may only attend to the needs of the athletic team or group, including all individuals who travel with the team or group in any capacity except as a spectator;

(i) an individual licensed and in good standing in another state, who is in this state:

(i) temporarily, under the invitation and control of a sponsoring entity;

(ii) for a reason associated with a special purpose event, based upon needs that may exceed the ability of this state to address through its licensees, as determined by the division;  
and

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(iii) for a limited period of time not to exceed the duration of that event, together with any necessary preparatory and conclusionary periods; and

(j) the spouse of an individual serving in the armed forces of the United States while the individual is stationed within this state, provided:

(i) the spouse holds a valid license to practice a regulated occupation or profession issued by any other state or jurisdiction recognized by the division; and

(ii) the license is current and the spouse is in good standing in the state of licensure.

(2) (a) A practitioner temporarily in this state who is exempted from licensure under Subsection (1) shall comply with each requirement of the licensing jurisdiction from which the practitioner derives authority to practice.

(b) Violation of a limitation imposed by this section constitutes grounds for removal of 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 relevant board may:

(a) suspend the requirements for permanent or temporary licensure of individuals who are licensed in another state 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 31e, Nurse Licensure Compact - Revised;

(iii) a certified nurse midwife under Chapter 44a, Nurse Midwife Practice Act;

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- (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, Utah 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 licensed under Section ~~[26-8a-302]~~ 53-2d-402;
  - (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;
  - (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; and
  - (g) in accordance with rules made by the division in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, exempt or modify the requirements for licensure of an individual engaged in one or more of the construction trades described in Chapter 55, Utah Construction Trades Licensing 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.
- (6) In accordance with the protocols established under Subsection (8), upon the

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declaration of a national, state, or local emergency, the Department of Health or a local health department shall coordinate with public safety authorities as defined in Subsection 26-23b-110(1) and may:

(a) use a vaccine, antiviral, antibiotic, or other prescription medication that is not a controlled substance to prevent or treat a disease or condition that gave rise to, or was a consequence of, the emergency; or

(b) distribute a vaccine, antiviral, antibiotic, or other prescription medication that is not a controlled substance:

(i) if necessary, to replenish a commercial pharmacy in the event that the commercial pharmacy's normal source of the vaccine, antiviral, antibiotic, or other prescription medication is exhausted; or

(ii) for dispensing or direct administration to treat the disease or condition that gave rise to, or was a consequence of, the emergency by:

(A) a pharmacy;

(B) a prescribing practitioner;

(C) a licensed health care facility;

(D) a federally qualified community health clinic; or

(E) a governmental entity for use by a community more than 50 miles from a person described in Subsections (6)(b)(ii)(A) through (D).

(7) In accordance with protocols established under Subsection (8), upon the declaration of a national, state, or local emergency, the Department of Health shall coordinate the distribution of medications:

(a) received from the strategic national stockpile to local health departments; and

(b) from local health departments to emergency personnel within the local health departments' geographic region.

(8) The Department of Health shall establish by rule, made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, protocols for administering, dispensing, and distributing a vaccine, an antiviral, an antibiotic, or other prescription medication that is not a controlled substance in the event of a declaration of a national, state, or local emergency. The protocol shall establish procedures for the Department of Health or a local health department to:

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(a) coordinate the distribution of:

(i) a vaccine, an antiviral, an antibiotic, or other prescription medication that is not a controlled substance received by the Department of Health from the strategic national stockpile to local health departments; and

(ii) a vaccine, an antiviral, an antibiotic, or other non-controlled prescription medication received by a local health department to emergency personnel within the local health department's geographic region;

(b) authorize the dispensing, administration, or distribution of a vaccine, an antiviral, an antibiotic, or other prescription medication that is not a controlled substance to the contact of a patient without a patient-practitioner relationship, if the contact's condition is the same as that of the physician's or physician assistant's patient; and

(c) authorize the administration, distribution, or dispensing of a vaccine, an antiviral, an antibiotic, or other non-controlled prescription medication to an individual who:

(i) is working in a triage situation;

(ii) is receiving preventative or medical treatment in a triage situation;

(iii) does not have coverage for the prescription in the individual's health insurance plan;

(iv) is involved in the delivery of medical or other emergency services in response to the declared national, state, or local emergency; or

(v) otherwise has a direct impact on public health.

(9) The Department of Health shall give notice to the division upon implementation of the protocol established under Subsection (8).

Section ~~58-1-103~~103. Section **58-1-509** is amended to read:

### **58-1-509. Patient consent for certain medical examinations.**

(1) As used in this section:

(a) "Health care provider" means:

(i) an individual who is:

(A) a healthcare provider as defined in Section 78B-3-403; and

(B) licensed under this title;

(ii) emergency medical service personnel as defined in Section ~~26-8a-102~~ 53-2d-101;

or

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(iii) an individual described in Subsection 58-1-307(1)(b) or (c).

(b) "Patient examination" means a medical examination that requires contact with the patient's sexual organs.

(2) A health care provider may not perform a patient examination on an anesthetized or unconscious patient unless:

(a) the health care provider obtains consent from the patient or the patient's representative in accordance with Subsection (3);

(b) a court orders performance of the patient examination for the collection of evidence;

(c) the performance of the patient examination is within the scope of care for a procedure or diagnostic examination scheduled to be performed on the patient; or

(d) the patient examination is immediately necessary for diagnosis or treatment of the patient.

(3) To obtain consent to perform a patient examination on an anesthetized or unconscious patient, before performing the patient examination, the health care provider shall:

(a) provide the patient or the patient's representative with a written or electronic document that:

(i) is provided separately from any other notice or agreement;

(ii) contains the following heading at the top of the document in not smaller than 18-point bold face type: "CONSENT FOR EXAMINATION OF PELVIC REGION";

(iii) specifies the nature and purpose of the patient examination;

(iv) names one or more primary health care providers whom the patient or the patient's representative may authorize to perform the patient examination;

(v) states whether there may be a student or resident that the patient or the patient's representative authorizes to:

(A) perform an additional patient examination; or

(B) observe or otherwise be present at the patient examination, either in person or through electronic means; and

(vi) provides the patient or the patient's representative with a series of check boxes that allow the patient or the patient's representative to:

(A) consent to the patient examination for diagnosis or treatment and an additional

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patient examination performed by a student or resident for an educational or training purpose;

(B) consent to the patient examination only for diagnosis or treatment; or

(C) refuse to consent to the patient examination;

(b) obtain the signature of the patient or the patient's representative on the written or electronic document while witnessed by a third party; and

(c) sign the written or electronic document.

Section ~~{100}~~104. Section **58-37-8** is amended to read:

### **58-37-8. Prohibited acts -- Penalties.**

(1) Prohibited acts A -- Penalties and reporting:

(a) Except as authorized by this chapter, it is unlawful for a person to knowingly and intentionally:

(i) produce, manufacture, or dispense, or to possess with intent to produce, manufacture, or dispense, a controlled or counterfeit substance;

(ii) distribute a controlled or counterfeit substance, or to agree, consent, offer, or arrange to distribute a controlled or counterfeit substance;

(iii) possess a controlled or counterfeit substance with intent to distribute; or

(iv) engage in a continuing criminal enterprise where:

(A) the person participates, directs, or engages in conduct that results in a violation of [~~Chapter 37, Utah Controlled Substances Act~~] this chapter, Chapter 37a, Utah Drug Paraphernalia Act, Chapter 37b, Imitation Controlled Substances Act, Chapter 37c, Utah Controlled Substance Precursor Act, or Chapter 37d, Clandestine Drug Lab Act, that is a felony; and

(B) the violation is a part of a continuing series of two or more violations of [~~Chapter 37, Utah Controlled Substances Act~~] this chapter, Chapter 37a, Utah Drug Paraphernalia Act, Chapter 37b, Imitation Controlled Substances Act, Chapter 37c, Utah Controlled Substance Precursor Act, or Chapter 37d, Clandestine Drug Lab Act, on separate occasions that are undertaken in concert with five or more persons with respect to whom the person occupies a position of organizer, supervisor, or any other position of management.

(b) A person convicted of violating Subsection (1)(a) with respect to:

(i) a substance or a counterfeit of a substance classified in Schedule I or II, a controlled substance analog, or gammahydroxybutyric acid as listed in Schedule III is guilty of a second

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degree felony, punishable by imprisonment for not more than 15 years, and upon a second or subsequent conviction is guilty of a first degree felony;

(ii) a substance or a counterfeit of a substance classified in Schedule III or IV, or marijuana, or a substance listed in Section 58-37-4.2 is guilty of a third degree felony, and upon a second or subsequent conviction is guilty of a second degree felony; or

(iii) a substance or a counterfeit of a substance classified in Schedule V is guilty of a class A misdemeanor and upon a second or subsequent conviction is guilty of a third degree felony.

(c) A person who has been convicted of a violation of Subsection (1)(a)(ii) or (iii) may be sentenced to imprisonment for an indeterminate term as provided by law, but if the trier of fact finds a firearm as defined in Section 76-10-501 was used, carried, or possessed on the person or in the person's immediate possession during the commission or in furtherance of the offense, the court shall additionally sentence the person convicted for a term of one year to run consecutively and not concurrently; and the court may additionally sentence the person convicted for an indeterminate term not to exceed five years to run consecutively and not concurrently.

(d) (i) A person convicted of violating Subsection (1)(a)(iv) is guilty of a first degree felony punishable by imprisonment for an indeterminate term of not less than:

(A) seven years and which may be for life; or

(B) 15 years and which may be for life if the trier of fact determined that the defendant knew or reasonably should have known that any subordinate under Subsection (1)(a)(iv)(B) was under 18 years old.

(ii) Imposition or execution of the sentence may not be suspended, and the person is not eligible for probation.

(iii) Subsection (1)(d)(i)(B) does not apply to any defendant who, at the time of the offense, was under 18 years old.

(e) The Administrative Office of the Courts shall report to the Division of Professional Licensing the name, case number, date of conviction, and if known, the date of birth of each person convicted of violating Subsection (1)(a).

(2) Prohibited acts B -- Penalties and reporting:

(a) It is unlawful:

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(i) for a person knowingly and intentionally to possess or use a controlled substance analog or a controlled substance, unless it was obtained under a valid prescription or order, directly from a practitioner while acting in the course of the person's professional practice, or as otherwise authorized by this chapter;

(ii) for an owner, tenant, licensee, or person in control of a building, room, tenement, vehicle, boat, aircraft, or other place knowingly and intentionally to permit them to be occupied by persons unlawfully possessing, using, or distributing controlled substances in any of those locations; or

(iii) for a person knowingly and intentionally to possess an altered or forged prescription or written order for a controlled substance.

(b) A person convicted of violating Subsection (2)(a)(i) with respect to:

(i) marijuana, if the amount is 100 pounds or more, is guilty of a second degree felony;

or

(ii) a substance classified in Schedule I or II, or a controlled substance analog, is guilty of a class A misdemeanor on a first or second conviction, and on a third or subsequent conviction if each prior offense was committed within seven years before the date of the offense upon which the current conviction is based is guilty of a third degree felony.

(c) Upon a person's conviction of a violation of this Subsection (2) subsequent to a conviction under Subsection (1)(a), that person shall be sentenced to a one degree greater penalty than provided in this Subsection (2).

(d) A person who violates Subsection (2)(a)(i) with respect to all other controlled substances not included in Subsection (2)(b)(i) or (ii), including a substance listed in Section 58-37-4.2, or marijuana, is guilty of a class B misdemeanor.

(i) Upon a third conviction the person is guilty of a class A misdemeanor, if each prior offense was committed within seven years before the date of the offense upon which the current conviction is based.

(ii) Upon a fourth or subsequent conviction the person is guilty of a third degree felony if each prior offense was committed within seven years before the date of the offense upon which the current conviction is based.

(e) A person convicted of violating Subsection (2)(a)(i) while inside the exterior boundaries of property occupied by a correctional facility as defined in Section 64-13-1 or a

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public jail or other place of confinement shall be sentenced to a penalty one degree greater than provided in Subsection (2)(b), and if the conviction is with respect to controlled substances as listed in:

(i) Subsection (2)(b), the person may be sentenced to imprisonment for an indeterminate term as provided by law, and:

(A) the court shall additionally sentence the person convicted to a term of one year to run consecutively and not concurrently; and

(B) the court may additionally sentence the person convicted for an indeterminate term not to exceed five years to run consecutively and not concurrently; and

(ii) Subsection (2)(d), the person may be sentenced to imprisonment for an indeterminate term as provided by law, and the court shall additionally sentence the person convicted to a term of six months to run consecutively and not concurrently.

(f) A person convicted of violating Subsection (2)(a)(ii) or (iii) is:

(i) on a first conviction, guilty of a class B misdemeanor;

(ii) on a second conviction, guilty of a class A misdemeanor; and

(iii) on a third or subsequent conviction, guilty of a third degree felony.

(g) The Administrative Office of the Courts shall report to the Division of Professional Licensing the name, case number, date of conviction, and if known, the date of birth of each person convicted of violating Subsection (2)(a).

(3) Prohibited acts C -- Penalties:

(a) It is unlawful for a person knowingly and intentionally:

(i) to use in the course of the manufacture or distribution of a controlled substance a license number which is fictitious, revoked, suspended, or issued to another person or, for the purpose of obtaining a controlled substance, to assume the title of, or represent oneself to be, a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, or other authorized person;

(ii) to acquire or obtain possession of, to procure or attempt to procure the administration of, to obtain a prescription for, to prescribe or dispense to a person known to be attempting to acquire or obtain possession of, or to procure the administration of a controlled substance by misrepresentation or failure by the person to disclose receiving a controlled substance from another source, fraud, forgery, deception, subterfuge, alteration of a

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prescription or written order for a controlled substance, or the use of a false name or address;

(iii) to make a false or forged prescription or written order for a controlled substance, or to utter the same, or to alter a prescription or written order issued or written under the terms of this chapter; or

(iv) to make, distribute, or possess a punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any of the foregoing upon any drug or container or labeling so as to render a drug a counterfeit controlled substance.

(b) (i) A first or second conviction under Subsection (3)(a)(i), (ii), or (iii) is a class A misdemeanor.

(ii) A third or subsequent conviction under Subsection (3)(a)(i), (ii), or (iii) is a third degree felony.

(c) A violation of Subsection (3)(a)(iv) is a third degree felony.

(4) Prohibited acts D -- Penalties:

(a) Notwithstanding other provisions of this section, a person not authorized under this chapter who commits any act that is unlawful under Subsection (1)(a) or Section 58-37b-4 is upon conviction subject to the penalties and classifications under this Subsection (4) if the trier of fact finds the act is committed:

(i) in a public or private elementary or secondary school or on the grounds of any of those schools during the hours of 6 a.m. through 10 p.m.;

(ii) in a public or private vocational school or postsecondary institution or on the grounds of any of those schools or institutions during the hours of 6 a.m. through 10 p.m.;

(iii) in or on the grounds of a preschool or child-care facility during the preschool's or facility's hours of operation;

(iv) in a public park, amusement park, arcade, or recreation center when the public or amusement park, arcade, or recreation center is open to the public;

(v) in or on the grounds of a house of worship as defined in Section 76-10-501;

(vi) in or on the grounds of a library when the library is open to the public;

(vii) within an area that is within 100 feet of any structure, facility, or grounds included in Subsections ~~ff(4)(a)(i)~~, ~~(ii)~~, ~~(iii)~~, ~~(iv)~~, ~~(v)~~, and through (vi);

(viii) in the presence of a person younger than 18 years old, regardless of where the act

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occurs; or

(ix) for the purpose of facilitating, arranging, or causing the transport, delivery, or distribution of a substance in violation of this section to an inmate or on the grounds of a correctional facility as defined in Section 76-8-311.3.

(b) (i) A person convicted under this Subsection (4) is guilty of a first degree felony and shall be imprisoned for a term of not less than five years if the penalty that would otherwise have been established but for this Subsection (4) would have been a first degree felony.

(ii) Imposition or execution of the sentence may not be suspended, and the person is not eligible for probation.

(c) If the classification that would otherwise have been established would have been less than a first degree felony but for this Subsection (4), a person convicted under this Subsection (4) is guilty of one degree more than the maximum penalty prescribed for that offense.

(d) (i) If the violation is of Subsection (4)(a)(ix):

(A) the person may be sentenced to imprisonment for an indeterminate term as provided by law, and the court shall additionally sentence the person convicted for a term of one year to run consecutively and not concurrently; and

(B) the court may additionally sentence the person convicted for an indeterminate term not to exceed five years to run consecutively and not concurrently; and

(ii) the penalties under this Subsection (4)(d) apply also to a person who, acting with the mental state required for the commission of an offense, directly or indirectly solicits, requests, commands, coerces, encourages, or intentionally aids another person to commit a violation of Subsection (4)(a)(ix).

(e) It is not a defense to a prosecution under this Subsection (4) that:

(i) the actor mistakenly believed the individual to be 18 years old or older at the time of the offense or was unaware of the individual's true age; or

(ii) the actor mistakenly believed that the location where the act occurred was not as described in Subsection (4)(a) or was unaware that the location where the act occurred was as described in Subsection (4)(a).

(5) A violation of this chapter for which no penalty is specified is a class B

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misdemeanor.

(6) (a) For purposes of penalty enhancement under Subsections (1) and (2), a plea of guilty or no contest to a violation or attempted violation of this section or a plea which is held in abeyance under Title 77, Chapter 2a, Pleas in Abeyance, is the equivalent of a conviction, even if the charge has been subsequently reduced or dismissed in accordance with the plea in abeyance agreement.

(b) A prior conviction used for a penalty enhancement under Subsection (2) shall be a conviction that is:

(i) from a separate criminal episode than the current charge; and

(ii) from a conviction that is separate from any other conviction used to enhance the current charge.

(7) A person may be charged and sentenced for a violation of this section, notwithstanding a charge and sentence for a violation of any other section of this chapter.

(8) (a) A penalty imposed for violation of this section is in addition to, and not in lieu of, a civil or administrative penalty or sanction authorized by law.

(b) When a violation of this chapter violates a federal law or the law of another state, conviction or acquittal under federal law or the law of another state for the same act is a bar to prosecution in this state.

(9) In any prosecution for a violation of this chapter, evidence or proof that shows a person or persons produced, manufactured, possessed, distributed, or dispensed a controlled substance or substances, is prima facie evidence that the person or persons did so with knowledge of the character of the substance or substances.

(10) This section does not prohibit a veterinarian, in good faith and in the course of the veterinarian's professional practice only and not for humans, from prescribing, dispensing, or administering controlled substances or from causing the substances to be administered by an assistant or orderly under the veterinarian's direction and supervision.

(11) Civil or criminal liability may not be imposed under this section on:

(a) a person registered under this chapter who manufactures, distributes, or possesses an imitation controlled substance for use as a placebo or investigational new drug by a registered practitioner in the ordinary course of professional practice or research; or

(b) a law enforcement officer acting in the course and legitimate scope of the officer's

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employment.

(12) (a) Civil or criminal liability may not be imposed under this section on any Indian, as defined in Section 58-37-2, who uses, possesses, or transports peyote for bona fide traditional ceremonial purposes in connection with the practice of a traditional Indian religion as defined in Section 58-37-2.

(b) In a prosecution alleging violation of this section regarding peyote as defined in Section 58-37-4, it is an affirmative defense that the peyote was used, possessed, or transported by an Indian for bona fide traditional ceremonial purposes in connection with the practice of a traditional Indian religion.

(c) (i) The defendant shall provide written notice of intent to claim an affirmative defense under this Subsection (12) as soon as practicable, but not later than 10 days before trial.

(ii) The notice shall include the specific claims of the affirmative defense.

(iii) The court may waive the notice requirement in the interest of justice for good cause shown, if the prosecutor is not unfairly prejudiced by the lack of timely notice.

(d) The defendant shall establish the affirmative defense under this Subsection (12) by a preponderance of the evidence. If the defense is established, it is a complete defense to the charges.

(13) (a) It is an affirmative defense that the person produced, possessed, or administered a controlled substance listed in Section 58-37-4.2 if the person was:

(i) engaged in medical research; and

(ii) a holder of a valid license to possess controlled substances under Section 58-37-6.

(b) It is not a defense under Subsection (13)(a) that the person prescribed or dispensed a controlled substance listed in Section 58-37-4.2.

(14) It is an affirmative defense that the person possessed, in the person's body, a controlled substance listed in Section 58-37-4.2 if:

(a) the person was the subject of medical research conducted by a holder of a valid license to possess controlled substances under Section 58-37-6; and

(b) the substance was administered to the person by the medical researcher.

(15) The application of any increase in penalty under this section to a violation of Subsection (2)(a)(i) may not result in any greater penalty than a second degree felony. This

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Subsection (15) takes precedence over any conflicting provision of this section.

(16) (a) It is an affirmative defense to an allegation of the commission of an offense listed in Subsection (16)(b) that the person or bystander:

(i) reasonably believes that the person or another person is experiencing an overdose event due to the ingestion, injection, inhalation, or other introduction into the human body of a controlled substance or other substance;

(ii) reports, or assists a person who reports, in good faith the overdose event to a medical provider, an emergency medical service provider as defined in Section ~~[26-8a-102]~~ 53-2d-101, a law enforcement officer, a 911 emergency call system, or an emergency dispatch system, or the person is the subject of a report made under this Subsection (16);

(iii) provides in the report under Subsection (16)(a)(ii) a functional description of the actual location of the overdose event that facilitates responding to the person experiencing the overdose event;

(iv) remains at the location of the person experiencing the overdose event until a responding law enforcement officer or emergency medical service provider arrives, or remains at the medical care facility where the person experiencing an overdose event is located until a responding law enforcement officer arrives;

(v) cooperates with the responding medical provider, emergency medical service provider, and law enforcement officer, including providing information regarding the person experiencing the overdose event and any substances the person may have injected, inhaled, or otherwise introduced into the person's body; and

(vi) is alleged to have committed the offense in the same course of events from which the reported overdose arose.

(b) The offenses referred to in Subsection (16)(a) are:

(i) the possession or use of less than 16 ounces of marijuana;

(ii) the possession or use of a scheduled or listed controlled substance other than marijuana; and

(iii) any violation of Chapter 37a, Utah Drug Paraphernalia Act, or Chapter 37b, Imitation Controlled Substances Act.

(c) As used in this Subsection (16) and in Section 76-3-203.11, "good faith" does not include seeking medical assistance under this section during the course of a law enforcement

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agency's execution of a search warrant, execution of an arrest warrant, or other lawful search.

(17) If any provision of this chapter, or the application of any provision to any person or circumstances, is held invalid, the remainder of this chapter shall be given effect without the invalid provision or application.

(18) A legislative body of a political subdivision may not enact an ordinance that is less restrictive than any provision of this chapter.

(19) If a minor who is under 18 years old is found by a court to have violated this section or Subsection 76-5-102.1(2)(b) or 76-5-207(2)(b), the court may order the minor to complete:

- (a) a screening as defined in Section 41-6a-501;
- (b) an assessment as defined in Section 41-6a-501 if the screening indicates an assessment to be appropriate; and
- (c) an educational series as defined in Section 41-6a-501 or substance use disorder treatment as indicated by an assessment.

Section ~~{101}~~105. Section **59-12-801** is amended to read:

### **59-12-801. Definitions.**

As used in this part:

- (1) "Emergency medical services" is as defined in Section [~~26-8a-102~~] 53-2d-101.
- (2) "Federally qualified health center" is as defined in 42 U.S.C. Sec. 1395x.
- (3) "Freestanding urgent care center" means a facility that provides outpatient health care service:
  - (a) on an as-needed basis, without an appointment;
  - (b) to the public;
  - (c) for the diagnosis and treatment of a medical condition if that medical condition does not require hospitalization or emergency intervention for a life threatening or potentially permanently disabling condition; and
  - (d) including one or more of the following services:
    - (i) a medical history physical examination;
    - (ii) an assessment of health status; or
    - (iii) treatment:
      - (A) for a variety of medical conditions; and

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(B) that is commonly offered in a physician's office.

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

(5) "Rural city hospital" means a hospital owned by a city that is located within a third, fourth, fifth, or sixth class county.

(6) "Rural county health care facility" means a:

(a) rural county hospital; or

(b) rural county nursing care facility.

(7) "Rural county hospital" means a hospital owned by a county that is:

(a) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and

(b) located outside of a standard metropolitan statistical area, as designated by the United States Bureau of the Census.

(8) "Rural county nursing care facility" means a nursing care facility owned by:

(a) a county that is:

(i) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and

(ii) located outside of a standard metropolitan statistical area, as designated by the United States Census Bureau; or

(b) a special service district if the special service district is:

(i) created for the purpose of operating the nursing care facility; and

(ii) within a county that is:

(A) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and

(B) located outside of a standard metropolitan statistical area, as designated by the United States Census Bureau.

(9) "Rural emergency medical services" means emergency medical services that are provided by a county that is:

(a) a fifth or sixth class county, as defined in Section 17-50-501; and

(b) located outside of a standard metropolitan statistical area, as designated by the United States Census Bureau.

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

Section ~~102~~106. Section 62A-15-629 is amended to read:

**62A-15-629. Temporary commitment -- Requirements and procedures -- Rights.**

(1) An adult shall be temporarily, involuntarily committed to a local mental health

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authority upon:

(a) a written application that:

(i) is completed by a responsible individual who has reason to know, stating a belief that the adult, due to mental illness, is likely to pose substantial danger to self or others if not restrained and stating the personal knowledge of the adult's condition or circumstances that lead to the individual's belief; and

(ii) includes a certification by a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner stating that the physician, physician assistant, nurse practitioner, or designated examiner has examined the adult within a three-day period immediately preceding the certification, and that the physician, physician assistant, nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult poses a substantial danger to self or others; or

(b) a peace officer or a mental health officer:

(i) observing an adult's conduct that gives the peace officer or mental health officer probable cause to believe that:

(A) the adult has a mental illness; and

(B) because of the adult's mental illness and conduct, the adult poses a substantial danger to self or others; and

(ii) completing a temporary commitment application that:

(A) is on a form prescribed by the division;

(B) states the peace officer's or mental health officer's belief that the adult poses a substantial danger to self or others;

(C) states the specific nature of the danger;

(D) provides a summary of the observations upon which the statement of danger is based; and

(E) provides a statement of the facts that called the adult to the peace officer's or mental health officer's attention.

(2) If at any time a patient committed under this section no longer meets the commitment criteria described in Subsection (1), the local mental health authority or the local mental health authority's designee shall document the change and release the patient.

(3) (a) A patient committed under this section may be held for a maximum of 24 hours

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after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

(i) as described in Section 62A-15-631, an application for involuntary commitment is commenced, which may be accompanied by an order of detention described in Subsection 62A-15-631(4);

(ii) the patient makes a voluntary application for admission; or

(iii) before expiration of the 24 hour period, a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies in writing that:

(A) the patient, due to mental illness, poses a substantial danger to self or others;

(B) additional time is necessary for evaluation and treatment of the patient's mental illness; and

(C) there is no appropriate less-restrictive alternative to commitment to evaluate and treat the patient's mental illness.

(b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48 hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays, Sundays, and legal holidays.

(c) Subsection (3)(a)(iii) applies to an adult patient.

(4) Upon a written application described in Subsection (1)(a) or the observation and belief described in Subsection (1)(b)(i), the adult shall be:

(a) taken into a peace officer's protective custody, by reasonable means, if necessary for public safety; and

(b) transported for temporary commitment to a facility designated by the local mental health authority, by means of:

(i) an ambulance, if the adult meets any of the criteria described in Section 26-8a-305;

(ii) an ambulance, if a peace officer is not necessary for public safety, and transportation arrangements are made by a physician, physician assistant, nurse practitioner, designated examiner, or mental health officer;

(iii) the city, town, or municipal law enforcement authority with jurisdiction over the location where the adult is present, if the adult is not transported by ambulance;

(iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by

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ambulance; or

(v) nonemergency secured behavioral health transport as that term is defined in Section ~~[26-8a-102]~~ 53-2d-101.

(5) Notwithstanding Subsection (4):

(a) an individual shall be transported by ambulance to an appropriate medical facility for treatment if the individual requires physical medical attention;

(b) if an officer has probable cause to believe, based on the officer's experience and de-escalation training that taking an individual into protective custody or transporting an individual for temporary commitment would increase the risk of substantial danger to the individual or others, a peace officer may exercise discretion to not take the individual into custody or transport the individual, as permitted by policies and procedures established by the officer's law enforcement agency and any applicable federal or state statute, or case law; and

(c) if an officer exercises discretion under Subsection (4)(b) to not take an individual into protective custody or transport an individual, the officer shall document in the officer's report the details and circumstances that led to the officer's decision.

(6) (a) The local mental health authority shall inform an adult patient committed under this section of the reason for commitment.

(b) An adult patient committed under this section has the right to:

(i) within three hours after arrival at the local mental health authority, make a telephone call, at the expense of the local mental health authority, to an individual of the patient's choice; and

(ii) see and communicate with an attorney.

(7) (a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.

(b) This section does not create a special duty of care.

Section ~~{103}~~107. Section **62A-15-1401** is amended to read:

### **62A-15-1401. Definitions.**

As used in this part:

(1) "Commission" means the Behavioral Health Crisis Response Commission created in Section 63C-18-202.

(2) "Emergency medical service personnel" means the same as that term is defined in

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Section ~~[26-8a-102]~~ 53-2d-101.

(3) "Emergency medical services" means the same as that term is defined in Section ~~[26-8a-102]~~ 53-2d-101.

(4) "MCOT certification" means the certification created in this part for MCOT personnel and mental health crisis outreach services.

(5) "MCOT personnel" means a licensed mental health therapist or other mental health professional, as determined by the division, who is a part of a mobile crisis outreach team.

(6) "Mental health crisis" means a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:

- (a) serious jeopardy to the individual's health or well-being; or
- (b) a danger to others.

(7) (a) "Mental health crisis services" means mental health services and on-site intervention that a person renders to an individual suffering from a mental health crisis.

(b) "Mental health crisis services" includes the provision of safety and care plans, stabilization services offered for a minimum of 60 days, and referrals to other community resources.

(8) "Mental health therapist" means the same as that term is defined in Section 58-60-102.

(9) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental health professionals that provides mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources.

Section ~~{104}~~ 108. Section **63I-1-226** is amended to read:

### **63I-1-226. Repeal dates: Title 26 through 26B.**

(1) Section 26-1-7.5, which creates the Utah Health Advisory Council, is repealed July 1, 2025.

~~[(2) Section 26-1-40 is repealed July 1, 2022.]~~

~~[(3)]~~ (2) Section 26-1-41 is repealed July 1, 2026.

~~[(4)]~~ (3) Section 26-1-43 is repealed December 31, 2025.

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~~[(5)]~~ (4) Section 26-7-10 is repealed July 1, 2025.

~~[(6)]~~ (5) Subsection 26-7-11(5), regarding reports to the Legislature, is repealed July 1, 2028.

~~[(7)]~~ (6) Section 26-7-14 is repealed December 31, 2027.

~~[(8) Section 26-8a-603 is repealed July 1, 2027.]~~

~~[(9)]~~ (7) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed July 1, 2025.

~~[(10)]~~ (8) Subsection 26-10-6(5), which creates the Newborn Hearing Screening Committee, is repealed July 1, 2026.

~~[(11)]~~ (9) Section 26-10b-106, which creates the Primary Care Grant Committee, is repealed July 1, 2025.

~~[(12) Subsection 26-15c-104(3), relating to a limitation on the number of microenterprise home kitchen permits that may be issued, is repealed July 1, 2022.]~~

~~[(13)]~~ (10) Subsection 26-18-2.6(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.

~~[(14)]~~ (11) Section 26-18-27 is repealed July 1, 2025.

~~[(15)]~~ (12) Section 26-18-28 is repealed June 30, 2027.

~~[(16)]~~ (13) Title 26, Chapter 18, Part 2, Drug Utilization Review Board, is repealed July 1, 2027.

~~[(17)]~~ (14) Subsection 26-18-418(2), the language that states "and the Behavioral Health Crisis Response Commission created in Section 63C-18-202" is repealed July 1, 2023.

~~[(18)]~~ (15) Section 26-33a-117 is repealed December 31, 2023.

~~[(19)]~~ (16) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1, 2024.

~~[(20)]~~ (17) Title 26, Chapter 36b, Inpatient Hospital Assessment Act, is repealed July 1, 2024.

~~[(21)]~~ (18) Title 26, Chapter 36c, Medicaid Expansion Hospital Assessment Act, is repealed July 1, 2024.

~~[(22)]~~ (19) Title 26, Chapter 36d, Hospital Provider Assessment Act, is repealed July 1, 2024.

~~[(23)]~~ (20) Section 26-39-201, which creates the Residential Child Care Licensing

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Advisory Committee, is repealed July 1, 2024.

~~[(24)]~~ (21) Section 26-39-405, Drinking water quality in child care centers, is repealed July 1, 2027.

~~[(25)]~~ (22) Section 26-40-104, which creates the Utah Children's Health Insurance Program Advisory Council, is repealed July 1, 2025.

~~[(26)]~~ (23) Section 26-50-202, which creates the Traumatic Brain Injury Advisory Committee, is repealed July 1, 2025.

~~[(27)]~~ (24) Title 26, Chapter 54, Spinal Cord and Brain Injury Rehabilitation Fund and Pediatric Neuro-Rehabilitation Fund, is repealed January 1, 2025.

~~[(28)]~~ (25) Title 26, Chapter 66, Early Childhood Utah Advisory Council, is repealed July 1, 2026.

~~[(29)]~~ (26) Title 26, Chapter 68, COVID-19 Vaccine Restrictions Act, is repealed July 1, 2024.

~~[(30)]~~ (27) Section 26-69-406 is repealed July 1, 2025.

~~[(31)]~~ (28) Subsection ~~[26B-1-204(2)(i);~~ 26B-1-204(2)(g), related to the Residential Child Care Licensing Advisory Committee, is repealed July 1, 2024.

~~[(32)]~~ (29) Subsection ~~[26B-1-204(2)(k);~~ 26B-1-204(2)(i), related to the Primary Care Grant Committee, is repealed July 1, 2025.

Section ~~{105}~~109. Section **63I-1-253** is amended to read:

**63I-1-253. Repeal dates: Titles 53 through 53G.**

(1) Section 53-2a-105, which creates the Emergency Management Administration Council, is repealed July 1, 2027.

(2) Sections 53-2a-1103 and 53-2a-1104, which create the Search and Rescue Advisory Board, are repealed July 1, 2027.

(3) Section 53-2d-703 is repealed July 1, 2027

~~[(3)]~~ (4) Section 53-5-703, which creates the Concealed Firearm Review Board, is repealed July 1, 2023.

~~[(4)]~~ (5) Section 53B-6-105.5, which creates the Technology Initiative Advisory Board, is repealed July 1, 2024.

~~[(5)]~~ (6) Section 53B-7-709, regarding five-year performance goals for the Utah System of Higher Education is repealed July 1, 2027.

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~~[(6)]~~ (7) Title 53B, Chapter 17, Part 11, USTAR Researchers, is repealed July 1, 2028.

~~[(7)]~~ (8) Section 53B-17-1203, which creates the SafeUT and School Safety Commission, is repealed January 1, 2025.

~~[(8)]~~ (9) Title 53B, Chapter 18, Part 16, USTAR Researchers, is repealed July 1, 2028.

~~[(9)]~~ (10) Subsection 53C-3-203(4)(b)(vii), which provides for the distribution of money from the Land Exchange Distribution Account to the Geological Survey for test wells and other hydrologic studies in the West Desert, is repealed July 1, 2030.

~~[(10)]~~ (11) ~~[Subsection]~~ Subsections 53E-3-503(5) and (6), which create coordinating councils for youth in custody, are repealed July 1, 2027.

~~[(11)]~~ (12) In relation to a standards review committee, on January 1, 2028:

(a) in Subsection 53E-4-202(8), the language "by a standards review committee and the recommendations of a standards review committee established under Section 53E-4-203" is repealed; and

(b) Section 53E-4-203 is repealed.

~~[(12)]~~ (13) Section 53E-4-402, which creates the State Instructional Materials Commission, is repealed July 1, 2027.

~~[(13)]~~ (14) Title 53E, Chapter 6, Part 5, Utah Professional Practices Advisory Commission, is repealed July 1, 2023.

~~[(14)]~~ (15) Section 53F-2-420, which creates the Intensive Services Special Education Pilot Program, is repealed July 1, 2024.

~~[(15)]~~ (16) Section 53F-5-203 is repealed July 1, 2024.

~~[(16)]~~ (17) Section 53F-5-213 is repealed July 1, 2023.

~~[(17)]~~ (18) Section 53F-5-214, in relation to a grant for professional learning, is repealed July 1, 2025.

~~[(18)]~~ (19) Section 53F-5-215, in relation to an elementary teacher preparation grant, is repealed July 1, 2025.

~~[(19)]~~ (20) Section 53F-5-219, which creates the Local ~~[Innovations]~~ Innovations Civics Education Pilot Program, is repealed on July 1, 2025.

~~[(20)]~~ (21) Subsection 53F-9-203(7), which creates the Charter School Revolving Account Committee, is repealed July 1, 2024.

~~[(21)]~~ (22) Subsections 53G-4-608(2)(b) and (4)(b), related to the Utah Seismic Safety

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Commission, are repealed January 1, 2025.

~~[(22)]~~ (23) Subsection 53G-8-211(5), regarding referrals of a minor to court for a class C misdemeanor, is repealed July 1, 2027.

~~[(23)]~~ (24) Section 53G-9-212, Drinking water quality in schools, is repealed July 1, 2027.

~~[(24)]~~ (25) Title 53G, Chapter 10, Part 6, Education Innovation Program, is repealed July 1, 2027.

Section ~~{106}~~ 110. Section **63I-2-226** is amended to read:

### **63I-2-226. Repeal dates: Titles 26 through 26B.**

~~[(1) Subsection 26-2-12.6(3), relating to the report for birth certificate fees, is repealed December 31, 2022.]~~

~~[(2)]~~ (1) Subsection 26-7-8(3) is repealed January 1, 2027.

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

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

~~[(5) Section 26-8a-211 is repealed July 1, 2023. (6) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection 26-8a-602(1)(a) is amended to read:~~

~~—— "(a) provide the patient or the patient's representative with the following information before contacting an air medical transport provider:~~

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

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

~~—— (iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer; and".]~~

~~[(7)]~~ (2) Subsection 26-18-2.4(3)(e) is repealed January 1, 2023.

~~[(8)]~~ (3) Subsection 26-18-411(8), related to reporting on the health coverage improvement program, is repealed January 1, 2023.

~~[(9)]~~ (4) Subsection 26-18-420(5), related to reporting on coverage for in vitro fertilization and genetic testing, is repealed July 1, 2030.

~~[(10)]~~ (5) In relation to the Air Ambulance Committee, July 1, 2024, Subsection 26-21-32(1)(a) is amended to read:

"(a) provide the patient or the patient's representative with the following information

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before contacting an air medical transport provider:

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

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

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

~~[(11)]~~ (6) Subsection 26-33a-106.1(2)(a) is repealed January 1, 2023.

~~[(12)]~~ (7) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance Program, is repealed July 1, 2027.

~~[(13) Subsection 26-61-202(4)(b) is repealed January 1, 2022.]~~

~~[(14) Subsection 26-61-202(5) is repealed January 1, 2022.]~~

~~[(15) Subsection 26B-1-204(2)(f), relating to the Air Ambulance Committee, is repealed July 1, 2024.]~~

Section ~~{107}~~ 111. Section **63I-2-253** is amended to read:

**63I-2-253. Repeal dates: Titles 53 through 53G.**

(1) Subsection 53-1-104(1)(g), regarding the Air Ambulance Committee, is repealed July 1, 2024.

(2) Section 53-2d-107, regarding the Air Ambulance Committee, is repealed July 1, 2024.

~~{~~ ~~—~~ ~~(3) Section 53-2d-211 is repealed July 1, 2023.~~

~~{~~ ~~(4)~~ (3) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection ~~{26-8a-602}~~ 53-2d-702(1)(a) is amended to read:

~~{~~ ~~(a)~~ provide the patient or the patient's representative with the following information before contacting an air medical transport provider:

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

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

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

~~{5}~~ (4) (a) Subsection 53B-2a-108(5), regarding exceptions to the composition of a technical college board of trustees, is repealed July 1, 2022.

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(b) When repealing Subsection 53B-2a-108(5), the Office of Legislative Research and General Counsel shall, in addition to its authority under Subsection 36-12-12(3), make necessary changes to subsection numbering and cross references.

~~[(2)]~~ ~~(16:5)~~ Section 53B-6-105.7 is repealed July 1, 2024.

~~[(3)]~~ ~~(17:6)~~ Section 53B-7-707 regarding performance metrics for technical colleges is repealed July 1, 2023.

~~[(4)]~~ ~~(18:7)~~ Section 53B-8-114 is repealed July 1, 2024.

~~[(5)]~~ ~~(19:8)~~ The following provisions, regarding the Regents' scholarship program, are repealed on July 1, 2023:

(a) in Subsection 53B-8-105(12), the language that states, "or any scholarship established under Sections 53B-8-202 through 53B-8-205";

(b) Section 53B-8-202;

(c) Section 53B-8-203;

(d) Section 53B-8-204; and

(e) Section 53B-8-205.

~~[(6)]~~ ~~(10:9)~~ Section 53B-10-101 is repealed on July 1, 2027.

~~[(7)]~~ ~~(11:10)~~ Title 53B, Chapter 18, Part 14, Uintah Basin Air Quality Research Project, is repealed July 1, 2023.

~~[(8)]~~ ~~(12:11)~~ Subsection 53E-1-201(1)(s) regarding the report by the Educational Interpretation and Translation Services Procurement Advisory Council is repealed July 1, 2024.

~~[(9)]~~ ~~(13:12)~~ Section 53E-1-202.2, regarding a Public Education Appropriations Subcommittee evaluation and recommendations, is repealed January 1, 2024.

~~[(10)]~~ ~~(14:13)~~ Subsection 53E-10-309(7), related to the PRIME pilot program, is repealed July 1, 2024.

~~[(11)]~~ ~~(15:14)~~ In Subsections 53F-2-205(4) and (5), regarding the State Board of Education's duties if contributions from the minimum basic tax rate are overestimated or underestimated, the language that states "or 53F-2-301.5, as applicable" is repealed July 1, 2023.

~~[(12)]~~ ~~(16:15)~~ Section 53F-2-209, regarding local education agency budgetary flexibility, is repealed July 1, 2024.

~~[(13)]~~ ~~(17:16)~~ Subsection 53F-2-301(1), relating to the years the section is not in

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effect, is repealed July 1, 2023.

~~[(14)]~~ ~~(~~18~~;~~17~~)~~ Section 53F-2-302.1, regarding the Enrollment Growth Contingency Program, is repealed July 1, 2023.

~~[(15)]~~ ~~(~~19~~;~~18~~)~~ Subsection 53F-2-314(4), relating to a one-time expenditure between the at-risk WPU add-on funding and previous at-risk funding, is repealed January 1, 2024.

~~[(16)]~~ ~~(~~20~~;~~19~~)~~ Section 53F-2-524, regarding teacher bonuses for extra work assignments, is repealed July 1, 2024.

~~[(17)]~~ ~~(~~21~~;~~20~~)~~ In Subsection 53F-2-515(1), the language that states "or 53F-2-301.5, as applicable" is repealed July 1, 2023.

~~[(18) Subsection 53F-4-401(3)(b), regarding a child enrolled or eligible for enrollment in kindergarten, is repealed July 1, 2022.]~~

~~[(19) In Subsection 53F-4-404(4)(c), the language that states "Except as provided in Subsection (4)(d)" is repealed July 1, 2022.]~~

~~[(20) Subsection 53F-4-404(4)(d) is repealed July 1, 2022.]~~

~~[(21) ~~(22)~~~~ In Subsection 53F-9-302(3), the language that states "or 53F-2-301.5, as applicable" is repealed July 1, 2023.

~~[(22) ~~(23)~~~~ In Subsection 53F-9-305(3)(a), the language that states "or 53F-2-301.5, as applicable" is repealed July 1, 2023.

~~[(23) ~~(24)~~~~ In Subsection 53F-9-306(3)(a), the language that states "or 53F-2-301.5, as applicable" is repealed July 1, 2023.

~~[(24) ~~(25)~~~~ In Subsection 53G-3-304(1)(c)(i), the language that states "or 53F-2-301.5, as applicable" is repealed July 1, 2023.

~~[(25) ~~(26)~~~~ On July 1, 2023, when making changes in this section, the Office of Legislative Research and General Counsel shall, in addition to the office's authority under Subsection 36-12-12(3), make corrections necessary to ensure that sections and subsections identified in this section are complete sentences and accurately reflect the office's perception of the Legislature's intent.

Section ~~(108)~~ 112. Section **63J-1-602.2** is amended to read:

### **63J-1-602.2. List of nonlapsing appropriations to programs.**

Appropriations made to the following programs are nonlapsing:

- (1) The Legislature and the Legislature's committees.

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(2) The State Board of Education, including all appropriations to agencies, line items, and programs under the jurisdiction of the State Board of Education, in accordance with Section 53F-9-103.

(3) The Percent-for-Art Program created in Section 9-6-404.

(4) The LeRay McAllister Critical Land Conservation Program created in Section 4-46-301.

(5) The Utah Lake Authority created in Section 11-65-201.

(6) Dedicated credits accrued to the Utah Marriage Commission as provided under Subsection 17-16-21(2)(d)(ii).

(7) The Division of Wildlife Resources for the appraisal and purchase of lands under the Pelican Management Act, as provided in Section 23-21a-6.

~~[(8) The Emergency Medical Services Grant Program in Section 26-8a-207.]~~

~~[(9)]~~ (8) The primary care grant program created in Section 26-10b-102.

~~[(10)]~~ (9) Sanctions collected as dedicated credits from Medicaid providers under Subsection 26-18-3(7).

~~[(11)]~~ (10) The Utah Health Care Workforce Financial Assistance Program created in Section 26-46-102.

~~[(12)]~~ (11) The Rural Physician Loan Repayment Program created in Section 26-46a-103.

~~[(13)]~~ (12) The Opiate Overdose Outreach Pilot Program created in Section 26-55-107.

~~[(14)]~~ (13) The Utah Medical Education Council for the:

(a) administration of the Utah Medical Education Program created in Section 26-69-403;

(b) provision of medical residency grants described in Section 26-69-407; and

(c) provision of the forensic psychiatric fellowship grant described in Section 26-69-408.

~~[(15)]~~ (14) Funds that the Department of Alcoholic Beverage Services retains in accordance with Subsection 32B-2-301(8)(a) or (b).

~~[(16)]~~ (15) The General Assistance program administered by the Department of Workforce Services, as provided in Section 35A-3-401.

~~[(17)]~~ (16) The Utah National Guard, created in Title 39, Militia and Armories.

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~~[(18)]~~ (17) The State Tax Commission under Section 41-1a-1201 for the:

- (a) purchase and distribution of license plates and decals; and
- (b) administration and enforcement of motor vehicle registration requirements.

~~[(19)]~~ (18) The Search and Rescue Financial Assistance Program, as provided in Section 53-2a-1102.

(19) The Emergency Medical Services Grant Program in Section 53-2d-207.

(20) The Motorcycle Rider Education Program, as provided in Section 53-3-905.

(21) The Utah Board of Higher Education for teacher preparation programs, as provided in Section 53B-6-104.

(22) Innovation grants under Section 53G-10-608, except as provided in Subsection 53G-10-608(6).

(23) The Division of Services for People with Disabilities, as provided in Section 62A-5-102.

(24) The Division of Fleet Operations for the purpose of upgrading underground storage tanks under Section 63A-9-401.

(25) The Utah Seismic Safety Commission, as provided in Section 63C-6-104.

(26) The Division of Technology Services for technology innovation as provided under Section 63A-16-903.

(27) The Office of Administrative Rules for publishing, as provided in Section 63G-3-402.

(28) The Colorado River Authority of Utah, created in Title 63M, Chapter 14, Colorado River Authority of Utah Act.

(29) The Governor's Office of Economic Opportunity to fund the Enterprise Zone Act, as provided in Title 63N, Chapter 2, Part 2, Enterprise Zone Act.

(30) The Governor's Office of Economic Opportunity's Rural Employment Expansion Program, as described in Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program.

(31) Programs for the Jordan River Recreation Area as described in Section 65A-2-8.

(32) The Division of Human Resource Management user training program, as provided in Section 63A-17-106.

(33) A public safety answering point's emergency telecommunications service fund, as provided in Section 69-2-301.

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(34) The Traffic Noise Abatement Program created in Section 72-6-112.

(35) The money appropriated from the Navajo Water Rights Negotiation Account to the Division of Water Rights, created in Section 73-2-1.1, for purposes of participating in a settlement of federal reserved water right claims.

(36) The Judicial Council for compensation for special prosecutors, as provided in Section 77-10a-19.

(37) A state rehabilitative employment program, as provided in Section 78A-6-210.

(38) The Utah Geological Survey, as provided in Section 79-3-401.

(39) The Bonneville Shoreline Trail Program created under Section 79-5-503.

(40) Adoption document access as provided in Sections 78B-6-141, 78B-6-144, and 78B-6-144.5.

(41) Indigent defense as provided in Title 78B, Chapter 22, Part 4, Utah Indigent Defense Commission.

(42) The program established by the Division of Facilities Construction and Management under Section 63A-5b-703 under which state agencies receive an appropriation and pay lease payments for the use and occupancy of buildings owned by the Division of Facilities Construction and Management.

(43) The State Tax Commission for reimbursing counties for deferred property taxes in accordance with Section 59-2-1802.

Section ~~{109}~~113. Section **63M-7-209** is amended to read:

### **63M-7-209. Trauma-informed justice program.**

(1) As used in this section:

(a) "Committee" means the Multi-Disciplinary Trauma-Informed Committee created under Subsection (2).

(b) "First responder" includes:

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

(ii) emergency medical service personnel, as defined in Section ~~[26-8a-102]~~  
53-2d-101; and

(iii) a firefighter.

(c) "Trauma-informed" means a policy, procedure, program, or practice that demonstrates an ability to minimize retraumatization associated with the criminal and juvenile

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justice system.

(d) "Victim" means the same as that term is defined in Section 77-37-2.

(2) (a) The commission shall create a committee known as the Multi-Disciplinary Trauma-Informed Committee to assist the commission in meeting the requirements of this section. The commission shall provide for the membership, terms, and quorum requirements of the committee, except that:

(i) at least one member of the committee shall be a victim;

(ii) the executive director of the Department of Health or the executive director's designee shall be on the committee;

(iii) the executive director of the Department of Human Services or the executive director's designee shall be on the committee; and

(iv) the commission shall terminate the committee on June 30, 2020.

(b) The commission shall use the Utah Office for Victims of Crime, the Utah Office on Domestic and Sexual Violence, and the Utah Council on Victims of Crime in meeting the requirements of this section.

(3) (a) The committee shall work with statewide coalitions, children's justice centers, and other stakeholders to complete, by no later than September 1, 2019, a review of current and recommended trauma-informed policies, procedures, programs, or practices in the state's criminal and juvenile justice system, including:

(i) reviewing the role of victim advocates and victim services in the criminal and juvenile justice system and:

(A) how to implement the option of a comprehensive, seamless victim advocate system that is based on the best interests of victims and assists a victim throughout the criminal and juvenile justice system or a victim's process of recovering from the trauma the victim experienced as a result of being a victim of crime; and

(B) recommending what minimum qualifications a victim advocate must meet, including recommending trauma-informed training or trauma-informed continuing education hours;

(ii) reviewing of best practice standards and protocols, including recommending adoption or creation of trauma-informed interview protocols, that may be used to train persons within the criminal and juvenile justice system concerning trauma-informed policies,

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procedures, programs, or practices, including training of:

(A) peace officers that is consistent with the training developed under Section 53-10-908;

(B) first responders;

(C) prosecutors;

(D) defense counsel;

(E) judges and other court personnel;

(F) the Board of Pardons and Parole and its personnel;

(G) the Department of Corrections, including Adult Probation and Parole; and

(H) others involved in the state's criminal and juvenile justice system;

(iii) recommending outcome based metrics to measure achievement related to trauma-informed policies, procedures, programs, or practices in the criminal and juvenile justice system;

(iv) recommending minimum qualifications and continuing education of individuals providing training, consultation, or administrative supervisory consultation within the criminal and juvenile justice system regarding trauma-informed policies, procedures, programs, or practices;

(v) identifying needs that are not funded or that would benefit from additional resources;

(vi) identifying funding sources, including outlining the restrictions on the funding sources, that may fund trauma-informed policies, procedures, programs, or practices;

(vii) reviewing which governmental entities should have the authority to implement recommendations of the committee; and

(viii) reviewing the need, if any, for legislation or appropriations to meet budget needs.

(b) Whenever the commission conducts a related survey, the commission, when possible, shall include how victims and their family members interact with Utah's criminal and juvenile justice system, including whether the victims and family members are treated with trauma-informed policies, procedures, programs, or practices throughout the criminal and juvenile justice system.

(4) The commission shall establish and administer a performance incentive grant program that allocates money appropriated by the Legislature to public or private entities:

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(a) to provide advocacy and related service for victims in connection with the Board of Pardons and Parole process; and

(b) that have demonstrated experience and competency in the best practices and standards of trauma-informed care.

(5) The commission shall report to the Judiciary Interim Committee, at the request of the Judiciary Interim Committee, and the Law Enforcement and Criminal Justice Interim Committee by no later than the September 2019 interim regarding the grant under Subsection (4), the committee's activities under this section, and whether the committee should be extended beyond June 30, 2020.

Section ~~110~~114. Section **67-20-2** is amended to read:

### **67-20-2. Definitions.**

As used in this chapter:

(1) "Agency" means:

(a) a department, institution, office, college, university, authority, division, board, bureau, commission, council, or other agency of the state;

(b) a county, city, town, school district, or special improvement or taxing district; or

(c) any other political subdivision.

(2) "Compensatory service worker" means a person who performs a public service with or without compensation for an agency as a condition or part of the person's:

(a) incarceration;

(b) plea;

(c) sentence;

(d) diversion;

(e) probation; or

(f) parole.

(3) "Emergency medical service volunteer" means an individual who:

(a) provides services as a volunteer under the supervision of a supervising agency or government officer; and

(b) at the time the individual provides the services described in Subsection (3)(a), is:

(i) an emergency medical technician volunteer, a paramedic volunteer, an ambulance volunteer, a volunteer firefighter, or another volunteer provider of emergency medical services;

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and

(ii) acting in the capacity of a volunteer described in Subsection (3)(b)(i).

(4) "IRS aggregate amount" means the fixed or determinable income aggregate amount described in 26 C.F.R. Sec. 1.6041-1(a)(1)(i)(A).

(5) (a) "Volunteer" means an individual who donates service without pay or other compensation except the following, as approved by the supervising agency:

(i) expenses actually and reasonably incurred;

(ii) a stipend for future higher education expenses, awarded from the National Service Trust under 45 C.F.R. Secs. 2526.10 and 2527.10;

(iii) a stipend, below the IRS aggregate amount, for:

(A) emergency volunteers, including emergency medical service volunteers, volunteer safety officers, and volunteer search and rescue team members; or

(B) non-emergency volunteers, including senior program volunteers and community event volunteers;

(iv) (A) health benefits provided through the supervising agency; or

(B) for a volunteer who participates in the Volunteer Emergency Medical Service Personnel Health Insurance Program described in Section [~~26-8a-603~~] 53-2d-703, health insurance provided through the program.

(v) passthrough stipends or other compensation provided to volunteers through a federal or state program, including Americorp Seniors volunteers, consistent with 42 U.S.C. Sec. 5058;

(vi) stipends or other compensation, below the IRS aggregate amount, provided to volunteers from any person;

(vii) uniforms, identification, personal protective equipment, or safety equipment used by a volunteer only while volunteering for the supervising entity;

(viii) a nonpecuniary item not exceeding \$50 in value;

(ix) nonpecuniary items, below the IRS aggregate amount, donated to the supervising agency with the express intent of benefitting a volunteer; or

(x) meals or gifts, not exceeding \$50 in value, provided as part of a volunteers appreciation event by the volunteering agency.

(b) "Volunteer" does not include:

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(i) a person participating in human subjects research to the extent that the participation is governed by federal law or regulation inconsistent with this chapter; or

(ii) a compensatory service worker.

(c) "Volunteer" includes a juror or potential juror appearing in response to a summons for a trial jury or grand jury.

(6) "Volunteer facilitator" means a business or nonprofit organization that, from individuals who have a relationship with the business or nonprofit organization, such as membership or employment, provides volunteers to an agency or facilitates volunteers volunteering with an agency.

(7) "Volunteer safety officer" means an individual who:

(a) provides services as a volunteer under the supervision of an agency; and

(b) at the time the individual provides the services to the supervising agency described in Subsection (7)(a), the individual is:

(i) exercising peace officer authority as provided in Section 53-13-102; or

(ii) if the supervising agency described in Subsection (7)(a) is a fire department:

(A) on the rolls of the supervising agency as a firefighter;

(B) not regularly employed as a firefighter by the supervising agency; and

(C) acting in a capacity that includes the responsibility for the extinguishment of fire.

(8) "Volunteer search and rescue team member" means an individual who:

(a) provides services as a volunteer under the supervision of a county sheriff; and

(b) at the time the individual provides the services to the county sheriff described in Subsection (8)(a), is:

(i) certified as a member of the county sheriff's search and rescue team; and

(ii) acting in the capacity of a member of the search and rescue team of the supervising county sheriff.

Section ~~{HHH}~~115. Section **72-10-502** is amended to read:

**72-10-502. Implied consent to chemical tests for alcohol or drugs -- Number of tests -- Refusal -- Person incapable of refusal -- Results of test available -- Who may give test -- Evidence -- Immunity from liability.**

(1) (a) A person operating an aircraft in this state consents to a chemical test or tests of the person's breath, blood, urine, or oral fluids:

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(i) for the purpose of determining whether the person was operating or in actual physical control of an aircraft while having a blood or breath alcohol content statutorily prohibited under Section 72-10-501, or while under the influence of alcohol, any drug, or combination of alcohol and any drug under Section 72-10-501, if the test is or tests are administered at the direction of a peace officer having grounds to believe that person to have been operating or in actual physical control of an aircraft in violation of Section 72-10-501; or

(ii) if the person operating the aircraft is involved in an accident that results in death, serious injury, or substantial aircraft damage.

(b) (i) The peace officer determines which of the tests are administered and how many of them are administered.

(ii) The peace officer may order any or all tests of the person's breath, blood, urine, or oral fluids.

(iii) If an officer requests more than one test, refusal by a person to take one or more requested tests, even though the person does submit to any other requested test or tests, is a refusal under this section.

(c) (i) A person who has been requested under this section to submit to a chemical test or tests of the person's breath, blood, urine, or oral fluids may not select the test or tests to be administered.

(ii) The failure or inability of a peace officer to arrange for any specific chemical test is not a defense to taking a test requested by a peace officer, and it is not a defense in any criminal, civil, or administrative proceeding resulting from a person's refusal to submit to the requested test or tests.

(2) (a) If the person has been placed under arrest and has then been requested by a peace officer to submit to any one or more of the chemical tests provided in Subsection (1) and refuses to submit to any chemical test, the person shall be warned by the peace officer requesting the test that a refusal to submit to the test is admissible in civil or criminal proceedings as provided under Subsection (8).

(b) Following this warning, unless the person immediately requests that the chemical test offered by a peace officer be administered, a test may not be given.

(3) A person who is dead, unconscious, or in any other condition rendering the person incapable of refusal to submit to any chemical test or tests is considered to not have withdrawn

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the consent provided for in Subsection (1), and the test or tests may be administered whether the person has been arrested or not.

(4) Upon the request of the person who was tested, the results of the test or tests shall be made available to that person.

(5) (a) Only the following, acting at the request of a peace officer, may draw blood to determine its alcohol or drug content:

(i) a physician;

(ii) a registered nurse;

(iii) a licensed practical nurse;

(iv) a paramedic;

(v) as provided in Subsection (5)(b), emergency medical service personnel other than paramedics; or

(vi) a person with a valid permit issued by the Department of Health and Human Services under Section [~~26-1-30~~] 26B-1-202.

(b) The Department of Health and Human Services may designate by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency medical service personnel, as defined in Section [~~26-8a-102~~] 53-2d-101, are authorized to draw blood under Subsection (5)(a)(v), based on the type of license under Section [~~26-8a-302~~] 53-2d-40.

(c) Subsection (5)(a) does not apply to taking a urine, breath, or oral fluid specimen.

(d) The following are immune from civil or criminal liability arising from drawing a blood sample from a person who a peace officer has reason to believe is flying in violation of this chapter if the sample is drawn in accordance with standard medical practice:

(i) a person authorized to draw blood under Subsection (5)(a); and

(ii) if the blood is drawn at a hospital or other medical facility, the medical facility.

(6) (a) The person to be tested may, at the person's own expense, have a physician of the person's own choice administer a chemical test in addition to the test or tests administered at the direction of a peace officer.

(b) The failure or inability to obtain the additional test does not affect admissibility of the results of the test or tests taken at the direction of a peace officer, or preclude or delay the test or tests to be taken at the direction of a peace officer.

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(c) The additional test shall be subsequent to the test or tests administered at the direction of a peace officer.

(7) For the purpose of determining whether to submit to a chemical test or tests, the person to be tested does not have the right to consult an attorney or have an attorney, physician, or other person present as a condition for the taking of any test.

(8) If a person under arrest refuses to submit to a chemical test or tests or any additional test under this section, evidence of any refusal is admissible in any civil or criminal action or proceeding arising out of acts alleged to have been committed while the person was operating or in actual physical control of an aircraft while under the influence of alcohol, any drug, or combination of alcohol and any drug.

(9) The results of any test taken under this section or the refusal to be tested shall be reported to the Federal Aviation Administration by the peace officer requesting the test.

(10) Notwithstanding the provisions of this section, a blood test taken under this section is subject to Section 77-23-213.

Section ~~{112}~~116. Section **76-3-203.11** is amended to read:

### **76-3-203.11. Reporting an overdose -- Mitigating factor.**

It is a mitigating factor in sentencing for an offense under Title 58, Chapter 37, Utah Controlled Substances Act, that the person or bystander:

(1) reasonably believes that the person or another person is experiencing an overdose event due to the ingestion, injection, inhalation, or other introduction into the human body of a controlled substance or other substance;

(2) reports, or assists a person who reports, in good faith the overdose event to a medical provider, an emergency medical service provider as defined in Section ~~[26-8a-102]~~ 53-2d-101, a law enforcement officer, a 911 emergency call system, or an emergency dispatch system, or the person is the subject of a report made under this section;

(3) provides in the report under Subsection (2) a functional description of the location of the actual overdose event that facilitates responding to the person experiencing the overdose event;

(4) remains at the location of the person experiencing the overdose event until a responding law enforcement officer or emergency medical service provider arrives, or remains at the medical care facility where the person experiencing an overdose event is located until a

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responding law enforcement officer arrives;

(5) cooperates with the responding medical provider, emergency medical service provider, and law enforcement officer, including providing information regarding the person experiencing the overdose event and any substances the person may have injected, inhaled, or otherwise introduced into the person's body; and

(6) committed the offense in the same course of events from which the reported overdose arose.

Section ~~{H13}~~117. Section **76-5-102.7** is amended to read:

**76-5-102.7. Assault or threat of violence against health care provider, emergency medical service worker, or health facility employee, owner, or contractor -- Penalty.**

(1) (a) As used in this section:

(i) "Assault" means an offense under Section 76-5-102.

(ii) "Emergency medical service worker" means an individual licensed under Section ~~[26-8a-302]~~ 53-2d-40.

(iii) "Health care provider" means the same as that term is defined in Section 78B-3-403.

(iv) "Health facility" means:

(A) a health care facility as defined in Section 26-21-2; and

(B) the office of a private health care provider, whether for individual or group practice.

(v) "Health facility employee" means an employee, owner, or contractor of a health facility.

(vi) "Threat of violence" means an offense under Section 76-5-107.

(b) Terms defined in Section 76-1-101.5 apply to this section.

(2) (a) An actor commits assault or threat of violence against a health care provider or emergency medical service worker if:

(i) the actor is not a prisoner or a detained individual;

(ii) the actor commits an assault or threat of violence;

(iii) the actor knew that the victim was a health care provider or emergency medical service worker; and

(iv) the health care provider or emergency medical service worker was performing

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emergency or life saving duties within the scope of his or her authority at the time of the assault or threat of violence.

(b) An actor commits assault or threat of violence against a health facility employee if:

(i) the actor is not a prisoner or a detained individual;

(ii) the actor commits an assault or threat of violence;

(iii) the actor knew that the victim was a health facility employee; and

(iv) the health facility employee was acting within the scope of the health facility employee's duties for the health facility.

(3) (a) A violation of Subsection (2) is a class A misdemeanor.

(b) Notwithstanding Subsection (3)(a), a violation of Subsection (2) is a third degree felony if the actor:

(i) causes substantial bodily injury; and

(ii) acts intentionally or knowingly.

Section ~~{114}~~118. Section 77-23-213 is amended to read:

### **77-23-213. Blood testing.**

(1) As used in this section:

(a) "Law enforcement purpose" means duties that consist primarily of the prevention and detection of crime and the enforcement of criminal statutes or ordinances of this state or any of this state's political subdivisions.

(b) "Peace officer" means those persons specified in Title 53, Chapter 13, Peace Officer Classifications.

(2) A peace officer may require an individual to submit to a blood test for a law enforcement purpose only if:

(a) the individual or legal representative of the individual with authority to give consent gives oral or written consent to the blood test;

(b) the peace officer obtains a warrant to administer the blood test; or

(c) a judicially recognized exception to obtaining a warrant exists as established by the Utah Court of Appeals, Utah Supreme Court, Court of Appeals of the Tenth Circuit, or the Supreme Court of the United States.

(3) (a) Only the following, acting at the request of a peace officer, may draw blood to determine the blood's alcohol or drug content:

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- (i) a physician;
- (ii) a physician assistant;
- (iii) a registered nurse;
- (iv) a licensed practical nurse;
- (v) a paramedic;
- (vi) as provided in Subsection (3)(b), emergency medical service personnel other than a paramedic; or
- (vii) a person with a valid permit issued by the Department of Health and Human Services under Section 26-1-30.

(b) The Department of Health and Human Services may designate by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency medical service personnel, as defined in Section [~~26-8a-102~~] 53-2d-101, are authorized to draw blood under Subsection (3)(a)(vi), based on the type of license under Section [~~26-8a-302~~] 53-2d-402.

(c) The following are immune from civil or criminal liability arising from drawing a blood sample from a person who a peace officer requests, for law enforcement purposes, if the sample is drawn in accordance with standard medical practice:

- (i) a person authorized to draw blood under Subsection (3)(a); and
- (ii) if the blood is drawn at a hospital or other medical facility, the medical facility.

Section ~~{115}~~ 119. Section **78A-6-209** is amended to read:

### **78A-6-209. Court records -- Inspection.**

(1) The juvenile court and the juvenile court's probation department shall keep records as required by the board and the presiding judge.

(2) A court record shall be open to inspection by:

(a) the parents or guardian of a child, a minor who is at least 18 years old, other parties in the case, the attorneys, and agencies to which custody of a minor has been transferred;

(b) for information relating to adult offenders alleged to have committed a sexual offense, a felony or class A misdemeanor drug offense, or an offense against the person under Title 76, Chapter 5, Offenses Against the Individual, the State Board of Education for the purpose of evaluating whether an individual should be permitted to obtain or retain a license as an educator or serve as an employee or volunteer in a school, with the understanding that the

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State Board of Education must provide the individual with an opportunity to respond to any information gathered from the State Board of Education's inspection of the records before the State Board of Education makes a decision concerning licensure or employment;

(c) the Criminal Investigations and Technical Services Division, established in Section 53-10-103, for the purpose of a criminal history background check for the purchase of a firearm and establishing good character for issuance of a concealed firearm permit as provided in Section 53-5-704;

(d) the Division of Child and Family Services for the purpose of Child Protective Services Investigations in accordance with Sections 80-2-602 and 80-2-701 and administrative hearings in accordance with Section 80-2-707;

(e) the Office of Licensing for the purpose of conducting a background check in accordance with Section 62A-2-120;

(f) for information related to a minor who has committed a sexual offense, a felony, or an offense that if committed by an adult would be a misdemeanor, the Department of Health for the purpose of evaluating under the provisions of Subsection 26-39-404(3) whether a licensee should be permitted to obtain or retain a license to provide child care, with the understanding that the department must provide the individual who committed the offense with an opportunity to respond to any information gathered from the Department of Health's inspection of records before the Department of Health makes a decision concerning licensure;

(g) for information related to a minor who has committed a sexual offense, a felony, or an offense that if committed by an adult would be a misdemeanor, the Department of Health to determine whether an individual meets the background screening requirements of Title 26, Chapter 21, Part 2, Clearance for Direct Patient Access, with the understanding that the department must provide the individual who committed the offense an opportunity to respond to any information gathered from the Department of Health's inspection of records before the Department of Health makes a decision under that part; and

(h) for information related to a minor who has committed a sexual offense, a felony, or an offense that if committed by an adult would be a misdemeanor, the ~~[Department of Health]~~ Bureau of Emergency Medical Services to determine whether to grant, deny, or revoke background clearance under Section ~~[26-8a-310]~~ 53-2d-410 for an individual who is seeking or who has obtained an emergency medical service personnel license under Section ~~[26-8a-302]~~

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53-2d-402, with the understanding that the [~~Department of Health~~] Bureau of Emergency Medical Services must provide the individual who committed the offense an opportunity to respond to any information gathered from the [~~Department of Health's~~] inspection of records before the [~~Department of Health~~] Bureau of Emergency Medical Services makes a determination.

(3) With the consent of the juvenile court, a court record may be inspected by the child, by persons having a legitimate interest in the proceedings, and by persons conducting pertinent research studies.

(4) If a petition is filed charging a minor who is 14 years old or older with an offense that would be a felony if committed by an adult, the juvenile court shall make available to any person upon request the petition, any adjudication or disposition orders, and the delinquency history summary of the minor charged unless the records are closed by the juvenile court upon findings on the record for good cause.

(5) A juvenile probation officer's records and reports of social and clinical studies are not open to inspection, except by consent of the juvenile court, given under rules adopted by the board.

(6) The juvenile court may charge a reasonable fee to cover the costs associated with retrieving a requested record that has been archived.

Section ~~{116}~~120. Section **78B-4-501** is amended to read:

### **78B-4-501. Good Samaritan Law.**

(1) As used in this section:

(a) "Child" means an individual of such an age that a reasonable person would perceive the individual as unable to open the door of a locked motor vehicle, but in any case younger than 18 years of age.

(b) "Emergency" means an unexpected occurrence involving injury, threat of injury, or illness to a person or the public, including motor vehicle accidents, disasters, actual or threatened discharges, removal or disposal of hazardous materials, and other accidents or events of a similar nature.

(c) "Emergency care" includes actual assistance or advice offered to avoid, mitigate, or attempt to mitigate the effects of an emergency.

(d) "First responder" means a state or local:

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- (i) law enforcement officer, as defined in Section 53-13-103;
- (ii) firefighter, as defined in Section 34A-3-113; or
- (iii) emergency medical service provider, as defined in Section ~~[26-8a-102]~~ 53-2d-101.
- (e) "Motor vehicle" means the same as that term is defined in Section 41-1a-102.

(2) A person who renders emergency care at or near the scene of, or during, an emergency, gratuitously and in good faith, is not liable for any civil damages or penalties as a result of any act or omission by the person rendering the emergency care, unless the person is grossly negligent or caused the emergency.

(3) (a) A person who gratuitously, and in good faith, assists a governmental agency or political subdivision in an activity described in Subsections (3)(a)(i) through (iii) is not liable for any civil damages or penalties as a result of any act or omission, unless the person rendering assistance is grossly negligent in:

(i) implementing measures to control the causes of epidemic and communicable diseases and other conditions significantly affecting the public health, or necessary to protect the public health as set out in Title 26A, Chapter 1, Local Health Departments;

(ii) investigating and controlling suspected bioterrorism and disease as set out in Title 26, Chapter 23b, Detection of Public Health Emergencies Act; and

(iii) responding to 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.

(b) The immunity in this Subsection (3) is in addition to any immunity or protection in state or federal law that may apply.

(4) (a) A person who uses reasonable force to enter a locked and unattended motor vehicle to remove a confined child is not liable for damages in a civil action if all of the following apply:

(i) the person has a good faith belief that the confined child is in imminent danger of suffering physical injury or death unless the confined child is removed from the motor vehicle;

(ii) the person determines that the motor vehicle is locked and there is no reasonable manner in which the person can remove the confined child from the motor vehicle;

(iii) before entering the motor vehicle, the person notifies a first responder of the confined child;

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(iv) the person does not use more force than is necessary under the circumstances to enter the motor vehicle and remove the confined child from the vehicle; and

(v) the person remains with the child until a first responder arrives at the motor vehicle.

(b) A person is not immune from civil liability under this Subsection (4) if the person fails to abide by any of the provisions of Subsection (4)(a) or commits any unnecessary or malicious damage to the motor vehicle.

Section ~~{117}~~121. Section **78B-5-902** is amended to read:

### **78B-5-902. Definitions.**

As used in this part:

(1) "Communication" means an oral statement, written statement, note, record, report, or document made during, or arising out of, a meeting between a law enforcement officer, firefighter, emergency medical service provider, or rescue provider and a peer support team member.

(2) "Behavioral emergency services technician" means an individual who is licensed under Section ~~[26-8a-302]~~ 53-2d-402 as:

(a) a behavioral emergency services technician; or

(b) an advanced behavioral emergency services technician.

(3) "Emergency medical service provider or rescue unit peer support team member" means a person who is:

(a) an emergency medical service provider as defined in Section ~~[26-8a-102]~~ 53-2d-101, a regular or volunteer member of a rescue unit acting as an emergency responder as defined in Section 53-2a-502, or another person who has been trained in peer support skills; and

(b) designated by the chief executive of an emergency medical service agency or the chief of a rescue unit as a member of an emergency medical service provider's peer support team or as a member of a rescue unit's peer support team.

(4) "Law enforcement or firefighter peer support team member" means a person who is:

(a) a peace officer, law enforcement dispatcher, civilian employee, or volunteer member of a law enforcement agency, a regular or volunteer member of a fire department, or another person who has been trained in peer support skills; and

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(b) designated by the commissioner of the Department of Public Safety, the executive director of the Department of Corrections, a sheriff, a police chief, or a fire chief as a member of a law enforcement agency's peer support team or a fire department's peer support team.

(5) "Trained" means a person who has successfully completed a peer support training program approved by the Peace Officer Standards and Training Division, the State Fire Marshal's Office, or the Department of Health and Human Services, as applicable.

Section ~~{118}~~122. Section **78B-5-904** is amended to read:

### **78B-5-904. Exclusions for certain communications.**

In accordance with the Utah Rules of Evidence, a behavioral emergency services technician may refuse to disclose communications made by an individual during the delivery of behavioral emergency services as defined in Section [~~26-8a-102~~] 53-2d-101.

Section ~~{119}~~123. Section **78B-8-401** is amended to read:

### **78B-8-401. Definitions.**

As used in this part:

(1) "Blood or contaminated body fluids" includes blood, saliva, amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and vaginal secretions, and any body fluid visibly contaminated with blood.

(2) "COVID-19" means the same as that term is defined in Section 78B-4-517.

(3) "Disease" means Human Immunodeficiency Virus infection, acute or chronic Hepatitis B infection, Hepatitis C infection, COVID-19 or another infectious disease that may cause Severe Acute Respiratory Syndrome, and any other infectious disease specifically designated by the Labor Commission, in consultation with the Department of Health and Human Services, for the purposes of this part.

(4) "Emergency services provider" means:

(a) an individual licensed under Section [~~26-8a-302~~] 53-2d-402, a peace officer, local fire department personnel, or personnel employed by the Department of Corrections or by a county jail, who provide prehospital emergency care for an emergency services provider either as an employee or as a volunteer; or

(b) an individual who provides for the care, control, support, or transport of a prisoner.

(5) "First aid volunteer" means a person who provides voluntary emergency assistance or first aid medical care to an injured person prior to the arrival of an emergency medical

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services provider or peace officer.

(6) "Health care provider" means the same as that term is defined in Section 78B-3-403.

(7) "Medical testing procedure" means a nasopharyngeal swab, a nasal swab, a capillary blood sample, a saliva test, or a blood draw.

(8) "Peace officer" means the same as that term is defined in Section 53-1-102.

(9) "Prisoner" means the same as that term is defined in Section 76-5-101.

(10) "Significant exposure" and "significantly exposed" mean:

(a) exposure of the body of one individual to the blood or body fluids of another individual by:

(i) percutaneous injury, including a needle stick, cut with a sharp object or instrument, or a wound resulting from a human bite, scratch, or similar force; or

(ii) contact with an open wound, mucous membrane, or nonintact skin because of a cut, abrasion, dermatitis, or other damage;

(b) exposure of the body of one individual to the body fluids, including airborne droplets, of another individual if:

(i) the other individual displays symptoms known to be associated with COVID-19 or another infectious disease that may cause Severe Acute Respiratory Syndrome; or

(ii) other evidence exists that would lead a reasonable person to believe that the other individual may be infected with COVID-19 or another infectious disease that may cause Severe Acute Respiratory Syndrome; or

(c) exposure that occurs by any other method of transmission defined by the Labor Commission, in consultation with the Department of Health and Human Services, as a significant exposure.

Section ~~{120}~~124. Section **80-3-404** is amended to read:

**80-3-404. Finding of severe child abuse or neglect -- Order delivered to division -- Court records.**

(1) If an abuse, neglect, or dependency petition is filed with the juvenile court that informs the juvenile court that the division has made a supported finding that an individual committed a severe type of child abuse or neglect, the juvenile court shall:

(a) make a finding of substantiated, unsubstantiated, or without merit;

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- (b) include the finding described in Subsection (1)(a) in a written order; and
  - (c) deliver a certified copy of the order described in Subsection (1)(b) to the division.
- (2) The juvenile court shall make the finding described in Subsection (1):
- (a) as part of the adjudication hearing;
  - (b) at the conclusion of the adjudication hearing; or
  - (c) as part of a court order entered under a written stipulation of the parties.

(3) In accordance with Section 80-2-707, a proceeding for adjudication of a supported finding of a type of abuse or neglect that does not constitute a severe type of child abuse or neglect may be joined in the juvenile court with an adjudication of a severe type of child abuse or neglect.

(4) (a) The juvenile court shall make records of the juvenile court's findings under Subsection (1) available only to an individual with statutory authority to access the Licensing Information System for the purposes of licensing under Sections 26-39-402, 26B-1-211, and 62A-2-120, or for the purposes described in Sections [~~26-8a-310~~] 53-2d-410, 62A-2-121, or Title 26, Chapter 21, Part 2, Clearance for Direct Patient Access.

(b) An appellate court shall make records of an appeal from the juvenile court's decision under Subsection (1) available only to an individual with statutory authority to access the Licensing Information System for the purposes described in Subsection (4)(a).

Section ~~121~~125. Section **80-3-504** is amended to read:

**80-3-504. Petition for substantiation -- Court findings -- Expedited hearing --  
Records of an appeal.**

(1) The division or an individual may file a petition for substantiation in accordance with Section 80-2-1004.

(2) If the division decides to file a petition for substantiation under Section 80-2-1004, the division shall file the petition no more than 14 days after the day on which the division makes the decision.

(3) At the conclusion of the hearing on a petition for substantiation, the juvenile court shall:

- (a) make a finding of substantiated, unsubstantiated, or without merit;
- (b) include the finding in a written order; and
- (c) deliver a certified copy of the order to the division.

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(4) If an individual whose name is listed on the Licensing Information System before May 6, 2002, files a petition for substantiation under Section 80-2-1004 during the time that an alleged perpetrator's application for clearance to work with children or vulnerable adults is pending, the juvenile court shall:

(a) hear the matter on an expedited basis; and

(b) enter a final decision no later than 60 days after the day on which the petition for substantiation is filed.

(5) An appellate court shall make a record of an appeal from the juvenile court's decision under Subsection (3) available only to an individual with statutory authority to access the Licensing Information System for the purposes of licensing under Sections 26-39-402, 62A-1-118, and 62A-2-120, or for the purposes described in Sections ~~[26-8a-310]~~ 53-2d-410, 62A-2-121, or Title 26, Chapter 21, Part 2, Clearance for Direct Patient Access.

Section ~~{122}~~126. **Repealer.**

This bill repeals:

Section **26-8a-101, Title.**

Section **26-8b-101, Title.**

Section **26-8b-102, Definitions.**

Section **26-8b-601, Title.**

Section **26-8c-101, Title.**

Section 26-8d-101, Title.

Section 127. Effective date.

This bill takes effect on July 1, 2024.

Section 128. Revisor instructions.

The Legislature intends that when the Office of Legislative Research and General Counsel prepares the Utah Code database for publication:

(1) if a bill replaces a reference to the "Department of Health" with the "Department of Health and Human Services" and this S.B. 64 replaces the same reference to the "Department of Health" with the "Bureau of Emergency Medical Services," the naming conventions in this bill supersede;

(2) if this S.B. 64 renumbers a section from Title 26 to Title 53 and another bill renumbers the same section from Title 26 to Title 26B, the renumbering conventions in this bill

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supersede; and

(3) newly created references in other bills to the following chapters shall be renumbered to the appropriate reference in Title 53, Chapter 2d, Emergency Medical Services Act, and Title 53, Chapter 2e, EMS Personnel Licensure Interstate Compact:

- (a) Title 26, Chapter 8a, Utah Emergency Medical Services System Act;
- (b) Title 26, Chapter 8b, Utah Sudden Cardiac Arrest Survival Act;
- (c) Title 26, Chapter 8c, Ems Personnel Licensure Interstate Compact; and
- (d) Title 26, Chapter 8d, Utah Statewide Stroke and Cardiac Registry Act.