

HB0071S01 compared with HB0071

~~{deleted text}~~ shows text that was in HB0071 but was deleted in HB0071S01.

inserted text shows text that was not in HB0071 but was inserted into HB0071S01.

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Senator Evan J. Vickers proposes the following substitute bill:

BEHAVIORAL HEALTH CRISIS RESPONSE

MODIFICATIONS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor: ~~{Daniel W}~~Evan J. ~~{Thatcher}~~Vickers

LONG TITLE

~~{Committee Note:~~

~~———The Health and Human Services Interim Committee recommended this bill.~~

~~———Legislative Vote: 15 voting for 0 voting against —— 4 absent~~

~~}General Description:~~

This bill addresses nonemergency behavioral health transport providers, receiving centers, and mobile crisis outreach teams.

Highlighted Provisions:

This bill:

▶ defines terms:

▶ addresses designation and permitting related to nonemergency secure behavioral

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health transport providers, and maintains oversight of those providers by the Department of Health and Human Services;

- ▶ provides for the award of grants for the development of mobile crisis outreach teams and rural behavioral health receiving centers; and
- ▶ makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

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

Utah Code Sections Affected:

AMENDS:

26B-3-135 (Superseded 07/01/24), as renumbered and amended by Laws of Utah 2023, Chapter 306

26B-3-135 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapter 310 and renumbered and amended by Laws of Utah 2023, Chapter 306

26B-5-112.5, as enacted by Laws of Utah 2023, Chapter 270

26B-5-114, as last amended by Laws of Utah 2023, Chapter 270 and renumbered and amended by Laws of Utah 2023, Chapter 308

26B-5-331 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapter 310 and renumbered and amended by Laws of Utah 2023, Chapter 308

53-2d-101 (Effective 07/01/24), as last amended by Laws of Utah 2023, Chapters 16, 327 and renumbered and amended by Laws of Utah 2023, Chapter 310 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 327

53-2d-103 (Effective 07/01/24), as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 307

53-2d-401 (Effective 07/01/24), as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 307

53-2d-403 (Effective 07/01/24), as renumbered and amended by Laws of Utah 2023, Chapters 307, 310

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53-2d-404 (Effective 07/01/24), as renumbered and amended by Laws of Utah 2023,
Chapters 307, 310

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

Section 1. Section 26B-3-135 (Superseded 07/01/24) is amended to read:

26B-3-135 (Superseded 07/01/24). Reimbursement for nonemergency secured behavioral health transport providers.

The department [may not] shall reimburse a nonemergency secured behavioral health transport provider that is designated under Section 26B-4-117.

Section 2. Section 26B-3-135 (Effective 07/01/24) is amended to read:

26B-3-135 (Effective 07/01/24). Nonemergency secured behavioral health transport providers.

(1) As used in this section:

(a) "Designated facility" means:

(i) a licensed acute care hospital;

(ii) an emergency patient receiving facility;

(iii) a licensed mental health facility; and

(iv) the office of a licensed health care provider.

(b) "Nonemergency secured behavioral health transport" means an entity that:

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

(A) is not required to be transported by an ambulance under Section 53-2d-405; and

(B) requires behavioral health observation during transport between any designated facility; and

(ii) is required to be designated under Subsection (4).

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

(a) permit nonemergency secured behavioral health transport vehicles;

(b) establish application, submission, and procedural requirements for permits;

(c) establish designation requirements for nonemergency secured behavioral health transport providers; and

(d) establish and implement the programs, plans, and responsibilities specified in this

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section.

(3) (a) A facility or provider may not hold itself out as a nonemergency secured behavioral health transport provider without a designation under this section.

(b) A person who violates this section is subject to Section 26B-1-224.

(4) (a) Based on the requirements in Subsection (2)(c), the department shall issue designations to nonemergency secured behavioral health transport providers.

(b) As provided in Subsection (7), an entity issued a designation under this section may only function and hold itself out in accordance with its designation.

(5) (a) To ensure that nonemergency secured behavioral health transport vehicles are adequately staffed, safe, maintained, properly equipped, and safely operated, the department shall establish permit requirements at levels it considers appropriate.

(b) The department shall, based on the requirements in Subsection (5)(a), issue permits to nonemergency secured behavioral health transport vehicles.

(6) The department [~~may not~~] shall reimburse a nonemergency secured behavioral health transport provider that is designated under [~~Section 53-2d-403~~] this section.

(7) (a) A person may not:

(i) 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 designation under this section unless that person is designated under this section; or

(ii) advertise or represent that the person holds a designation required under this section, unless that person holds the designation under this section.

(b) A violation of Subsection (7)(a) is a class B misdemeanor.

(8) (a) The department may, for the purpose of ascertaining compliance with the provisions of this section, enter and inspect on a routine basis the business premises and equipment of a person:

(i) with a designation or permit; or

(ii) who holds themselves out to the general public as providing a service for which a designation or permit is required under this section.

(b) Before conducting an inspection under Subsection (8)(a), the department shall, after identifying the person in charge:

(i) give proper identification;

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(ii) describe the nature and purpose of the inspection; and

(iii) if necessary, explain the authority of the department to conduct the inspection.

(c) In conducting an inspection under Subsection (8)(a), the department may, after meeting the requirements of Subsection (8)(b):

(i) inspect records, equipment, and vehicles; and

(ii) interview personnel.

(d) An inspection conducted under Subsection (8)(a) shall be during regular operational hours.

(9) (a) The department may refuse to issue a designation or a renewal, or revoke, suspend, restrict, or place on probation a designation if the provider has:

(i) failed to abide by terms of the designation;

(ii) violated statute or rule;

(iii) failed to provide services at the level required by the designation;

(iv) failed to submit a renewal application in a timely fashion as required by department rule;

(v) failed to follow operational standards established by department rule; or

(vi) committed an act in the performance of a professional duty that endangered the public or constituted gross negligence.

(b) An action to revoke, suspend, restrict, or place a designation on probation shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(c) Notwithstanding Subsection (9)(b), the department may issue a cease and desist order to immediately suspend a designation pending an administrative proceeding to be held within 30 days if there is evidence to show that the provider poses a clear, immediate, and unjustifiable threat or potential threat to public health, safety, or welfare.

(10) The department may charge fees, established in accordance with Section 26B-1-209, to process an application for a designation or permit.

Section ~~{1}~~3. Section 26B-5-112.5 is amended to read:

26B-5-112.5. Mobile Crisis Outreach Team Grant Program.

(1) As used in this section, "commission" means the Behavioral Health Crisis Response Commission established in Section 63C-18-202.

(2) The commission shall provide recommendations and the division shall award

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grants for the development of up to five mobile crisis outreach teams.

(3) (a) Subject to appropriations by the Legislature, and after consulting with the commission, in fiscal year 2025 the division shall award grants for the development of up to four mobile crisis outreach teams.

(b) The grants described in Subsection (3)(a) are in addition to the grants described in Subsection (2).

~~[(3)]~~ (4) A mobile crisis outreach team that is awarded a grant under ~~[Subsection (2)]~~ this section shall provide mental health crisis services 24 hours per day, seven days per week, and every day of the year.

~~[(4)]~~ (5) The division shall prioritize the award of a grant ~~[described in Subsection (2)]~~ under this section to entities based on:

(a) the outstanding need for crisis outreach services within the area the proposed mobile crisis outreach team will serve; and

(b) the capacity for implementation of the proposed mobile crisis outreach team in accordance with the division's established standards and requirements for mobile crisis outreach teams.

~~[(5)]~~ (6) (a) In consultation with the commission, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the application and award of ~~[the]~~ grants ~~[described in Subsection (2)]~~ awarded under this section.

(b) (i) The rules created under Subsection ~~[(5)(a)]~~ (6)(a) shall implement a funding structure for a mobile crisis outreach team developed using a grant awarded under this section.

(ii) The funding structure described in Subsection ~~[(5)(b)(i)]~~ (6)(b)(i) shall provide for tiers and phases of shared funding coverage between the state and counties.

Section ~~(2)~~4. Section **26B-5-114** is amended to read:

26B-5-114. Behavioral Health Receiving Center Grant Program.

(1) As used in this section:

(a) "Behavioral health receiving center" means a 23-hour nonsecure program or facility that is responsible for, and provides mental health crisis services to, an individual experiencing a mental health crisis.

(b) "Commission" means the Behavioral Health Crisis Response Commission established in Section 63C-18-202.

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(c) "Project" means a behavioral health receiving center project described in Subsection (2) [or], (3)(a), or (4)(a).

(2) Before July 1, 2020, the division shall issue a request for proposals in accordance with this section to award a grant to one or more counties of the first or second class, as classified in Section 17-50-501, to develop and implement a behavioral health receiving center.

(3) (a) Before July 1, 2023, the division shall issue a request for proposals in accordance with this section to award a grant to one county of the third class, as classified in Section ~~{17-50-501}~~17-50-501, to develop and implement a behavioral health receiving center.

(b) Subject to appropriations by the Legislature, the division shall award grants under this Subsection (3) before December 31, 2023.

~~[(c) The commission shall provide recommendations to the division regarding the development and implementation of a behavioral health receiving center.]~~

(4) (a) Before July 1, 2024, the division shall issue a request for proposals in accordance with this section to award grants to develop and implement up to two behavioral health receiving centers in counties of the third, fourth, or fifth class, as classified in Section 17-50-501.

(b) Subject to appropriations by the Legislature, the division shall award grants under this Subsection (4) before December 31, 2024.

(5) The purpose of a project is to:

(a) increase access to mental health crisis services for individuals in the state who are experiencing a mental health crisis; and

(b) reduce the number of individuals in the state who are incarcerated or in a hospital emergency room while experiencing a mental health crisis.

~~[(5)]~~ (6) An application for a grant under this section shall:

(a) identify the population to which the behavioral health receiving center will provide mental health crisis services;

(b) identify the type of mental health crisis services the behavioral health receiving center will provide;

(c) explain how the population described in Subsection ~~[(5)(a)]~~ (6)(a) will benefit from the provision of mental health crisis services;

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- (d) provide details regarding:
 - (i) how the proposed project plans to provide mental health crisis services;
 - (ii) how the proposed project will ensure that consideration is given to the capacity of the behavioral health receiving center;
 - (iii) how the proposed project will ensure timely and effective provision of mental health crisis services;
 - (iv) the cost of the proposed project;
 - (v) any existing or planned contracts or partnerships between the applicant and other individuals or entities to develop and implement the proposed project;
 - (vi) any plan to use funding sources in addition to a grant under this section for the proposed project;
 - (vii) the sustainability of the proposed project; and
 - (viii) the methods the proposed project will use to:
 - (A) protect the privacy of each individual who receives mental health crisis services from the behavioral health receiving center;
 - (B) collect nonidentifying data relating to the proposed project; and
 - (C) provide transparency on the costs and operation of the proposed project; and
 - (e) provide other information requested by the division to ensure that the proposed project satisfies the criteria described in Subsection [~~(7)~~] (8).

[~~(6)~~] (7) A recipient of a grant under this section shall enroll as a Medicaid provider and meet minimum standards of care for behavioral health receiving centers established by the division.

- [~~(7)~~] (8) In evaluating an application for the grant, the division shall consider:
- (a) the extent to which the proposed project will fulfill the purposes described in Subsection [~~(4)~~] (5);
 - (b) the extent to which the population described in Subsection [~~(5)(a)~~] (6)(a) is likely to benefit from the proposed project;
 - (c) the cost of the proposed project;
 - (d) the extent to which any existing or planned contracts or partnerships between the applicant and other individuals or entities to develop and implement the project, or additional funding sources available to the applicant for the proposed project, are likely to benefit the

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proposed project; and

(e) the viability and innovation of the proposed project.

(9) The commission shall provide recommendations to the division regarding the development and implementation of a behavioral health receiving center developed using a grant awarded under this section.

~~[(8)]~~ (10) Before June 30, 2023, the division shall report to the Health and Human Services Interim Committee regarding:

(a) data gathered in relation to each project described in Subsection (2);

(b) knowledge gained relating to the provision of mental health crisis services in a behavioral health receiving center;

(c) recommendations for the future use of mental health crisis services in behavioral health receiving centers;

(d) obstacles encountered in the provision of mental health crisis services in a behavioral health receiving center; and

(e) recommendations for appropriate Medicaid reimbursement for rural behavioral health receiving centers.

~~[(9)]~~ (11) (a) In consultation with the commission, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, for the application and award of a grant under this section.

(b) (i) The rules created under Subsection ~~[(9)(a)]~~ (11)(a) shall:

(A) implement a funding structure for a behavioral health receiving center developed using a grant awarded under this section;

(B) include implementation standards and minimum program requirements for a behavioral health receiving center developed using a grant awarded under this section, including minimum guidelines and standards of care, and minimum staffing requirements; and

(C) require a behavioral health receiving center developed using a grant awarded under this section to operate 24 hours per day, seven days per week, and every day of the year.

(ii) The funding structure described in Subsection ~~[(9)(b)(i)(A)]~~ (11)(b)(i)(A) shall provide for tiers and phases of shared funding coverage between the state and counties.

~~[(10)]~~ (12) Before June 30, 2024, the division shall report to the Health and Human Services Interim Committee regarding:

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(a) grants awarded under Subsection (3)(a); and

(b) the details of each project described in Subsection (3)(a).

(13) Before June 30, 2025, the division shall report to the Health and Human Services

Interim Committee regarding:

(a) grants awarded under Subsection (4)(a); and

(b) the details of each project described in Subsection (4)(a).

[(11)] (14) Before June 30, 2026, the division shall provide a report to the Health and

Human Services Interim Committee that includes:

(a) data gathered in relation to each project described in [Subsection (3)(a)]

Subsections (3)(a) and (4)(a); and

(b) an update on the items described in Subsections [(8)(b)] (10)(b) through (d).

Section {3}5. **Section 26B-5-331 (Effective 07/01/24) is amended to read:**

26B-5-331 (Effective 07/01/24). Temporary commitment -- Requirements and procedures -- Rights.

(1) An adult shall be temporarily, involuntarily committed to a local mental health 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

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(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 after commitment, excluding Saturdays, Sundays, and legal holidays, unless:

(i) as described in Section 26B-5-332, an application for involuntary commitment is commenced, which may be accompanied by an order of detention described in Subsection 26B-5-332(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.

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(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 26B-4-119;

(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 ambulance; or

(v) nonemergency secured behavioral health transport as that term is defined in Section ~~53-2d-101~~ 26B-3-135.

(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

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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 6. Section 53-2d-101 (Effective 07/01/24) is amended to read:

53-2d-101 (Effective 07/01/24). 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 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.

(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 53-2d-404 to operate in the state.

(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 5, Ambulance and Paramedic Providers.

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

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(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.

(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;

(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.

(9) "Committee" means the State Emergency Medical Services Committee created by Section 53-2d-104.

(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 26B-2-201.

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

(12) "Direct medical observation" means in-person observation of a patient by a physician, registered nurse, physician's assistant, or individual licensed under Section 26B-4-116.

(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 53-2d-402 during transport.

(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.

(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 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.

(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 [53-2d-403(1)(a)] 53-2d-403(1); and

(c) emergency medical service personnel.

(17) "Emergency medical services" means:

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(a) medical services;

(b) transportation services;

(c) behavioral emergency services; or

(d) any combination of the services described in Subsections (17)(a) through (c).

(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 53-2d-404.

(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.

(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 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 5, Ambulance and Paramedic Providers; or

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

(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.

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

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

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[(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 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 53-2d-403.]

[(25)] (24) "Paramedic provider" means an entity that:

(a) employs emergency medical service personnel; and

(b) is required to obtain a license under Part 5, Ambulance and Paramedic Providers.

[(26)] (25) "Patient" means an individual who, as the result of illness, injury, or a behavioral emergency condition, meets any of the criteria in Section 26B-4-119.

[(27)] (26) "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 special district created under Title 17B, Limited Purpose Local Government Entities - Special Districts, for the purpose of providing fire protection, paramedic, and emergency services;

(e) areas coming together as described in Subsection 53-2d-505.2(2)(b)(ii); or

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

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

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

[(30)] (29) "Trauma system" means a single, statewide system that:

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(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.

[(31)] (30) "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.

[(32)] (31) "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.

[(33)] (32) "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 7. Section 53-2d-103 (Effective 07/01/24) is amended to read:

53-2d-103 (Effective 07/01/24). Bureau duties -- Data sharing.

(1) The bureau shall:

(a) coordinate the emergency medical services within the state;

(b) administer any programs and applicable rules created under this chapter;

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

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

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

(i) license ambulance providers and paramedic providers;

(ii) permit ambulances[-] and emergency medical response vehicles[-, and nonemergency secured behavioral health transport vehicles], including approving an

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emergency vehicle operator's course in accordance with Section 53-2d-404;

(iii) establish:

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

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

(C) the process for the investigation and recommendation by the peer review board;

and

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

(iv) establish application, submission, and procedural requirements for licenses, designations, and permits; and

(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 26B, Chapter 8, Part 4, Health Statistics, including data privacy protections.

Section 8. Section 53-2d-401 (Effective 07/01/24) is amended to read:

53-2d-401 (Effective 07/01/24). General requirement.

(1) Except as provided in Section 53-2d-408 or 53-2d-801:

(a) an individual may not provide emergency medical services without a license or certification issued under Section 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 53-2d-403;

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

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

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(2) Section 53-2d-602 applies to violations of this section.

Section 9. Section 53-2d-403 (Effective 07/01/24) is amended to read:

53-2d-403 (Effective 07/01/24). Designation of emergency medical service 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)~~] (a) quick response provider;

[~~(ii)~~] (b) resource hospital for emergency medical providers;

[~~(iii)~~] (c) emergency medical service dispatch center;

[~~(iv)~~] (d) emergency patient receiving facilities; and

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

[~~(b) nonemergency secured behavioral health transport providers.].~~

(2) The 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 53-2d-602, an entity issued a designation under Subsection (2) may only function and hold itself out in accordance with its designation.

Section 10. Section 53-2d-404 (Effective 07/01/24) is amended to read:

53-2d-404 (Effective 07/01/24). Permits for emergency medical service 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; and

(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

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emergency vehicle operator's course approved by the bureau for all ambulances and emergency medical response vehicle operators.

(2) The 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 11. Effective date.

~~{This}~~ (1) Except as provided in Subsection (2), this bill takes effect on July 1, 2024.

(2) The actions affecting the following sections take effect on May 1, 2024:

(a) Section 26B-3-135 (Superseded 07/01/24);

(b) Section 26B-5-112.5; and

(c) Section 26B-5-114.