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AMENDS:

26-8a-102, as last amended by Laws of Utah 2017, Chapter 326
26-8a-305, as enacted by Laws of Utah 1999, Chapter 141
ENACTS:
26-8a-602 , Utah Code Annotated 1953
Be it enacted by the Legislature of the state of Utah:
Section 1. Section 26-8a-102 is amended to read:
26-8a-102. Definitions.
As used in this chapter:
(1) (a) "911 ambulance or paramedic services" means:
(i) either:
(A) 911 ambulance service;
(B) 911 paramedic service; or
(C) both 911 ambulance and paramedic service; and
(ii) a response to a 911 call received by a designated dispatch center that receives 911
or E911 calls.
(b) "911 ambulance or paramedic service" does not mean a seven or ten digit telephone
call received directly by an ambulance provider licensed under this chapter.
(2) "Ambulance" means a ground, air, or water vehicle that:
(a) transports patients and is used to provide emergency medical services; and
(b) is required to obtain a permit under Section 26-8a-304 to operate in the state.
(3) "Ambulance provider" means an emergency medical service provider that:
(a) transports and provides emergency medical care to patients; and
(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.
(4) "Committee" means the State Emergency Medical Services Committee created by
Section 26-1-7.
(5) "Direct medical observation" means in-person observation of a patient by a
physician, registered nurse, physician's assistant, or individual licensed under Section
26-8a-302.
(6) "Emergency medical condition" means:
(a) a medical condition that manifests itself by symptoms of sufficient severity,

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57	including severe pain, that a prudent layperson, who possesses an average knowledge of health
58	and medicine, could reasonably expect the absence of immediate medical attention to result in:
59	(i) placing the individual's health in serious jeopardy;
60	(ii) serious impairment to bodily functions; or
61	(iii) serious dysfunction of any bodily organ or part; or
62	(b) a medical condition that in the opinion of a physician or his designee requires direct
63	medical observation during transport or may require the intervention of an individual licensed
64	under Section 26-8a-302 during transport.
65	(7) "Emergency medical service personnel":
66	(a) means an individual who provides emergency medical services to a patient and is
67	required to be licensed under Section 26-8a-302; and
68	(b) includes a paramedic, medical director of a licensed emergency medical service
69	provider, emergency medical service instructor, and other categories established by the
70	committee.
71	(8) "Emergency medical service providers" means:
72	(a) licensed ambulance providers and paramedic providers;
73	(b) a facility or provider that is required to be designated under Section 26-8a-303; and
74	(c) emergency medical service personnel.
75	(9) "Emergency medical services" means medical services, transportation services, or
76	both rendered to a patient.
77	(10) "Emergency medical service vehicle" means a land, air, or water vehicle that is:
78	(a) maintained and used for the transportation of emergency medical personnel,
79	equipment, and supplies to the scene of a medical emergency; and
80	(b) required to be permitted under Section 26-8a-304.
81	(11) "Governing body":
82	(a) is as defined in Section 11-42-102; and
83	(b) for purposes of a "special service district" under Section 11-42-102, means a
84	special service district that has been delegated the authority to select a provider under this
85	chapter by the special service district's legislative body or administrative control board.
86	(12) "Interested party" means:
87	(a) a licensed or designated emergency medical services provider that provides

88	emergency medical services within or in an area that abuts an exclusive geographic service area
89	that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic
90	Providers;
91	(b) any municipality, county, or fire district that lies within or abuts a geographic
92	service area that is the subject of an application submitted pursuant to Part 4, Ambulance and
93	Paramedic Providers; or
94	(c) the department when acting in the interest of the public.
95	(13) "Interfacility transport" means any transfer, after initial assessment and
96	stabilization, due to a mental or physical condition, when the originating and destination sites
97	are:
98	(a) a general acute hospital, as defined in Section 26-21-2;
99	(b) an emergency patient receiving facility; or
100	(c) a mental health facility, as defined in Section 62A-15-602.
101	[(13)] (14) "Medical control" means a person who provides medical supervision to an
102	emergency medical service provider.
103	[(14)] (15) "Non-911 service" means transport of a patient that is not 911 transport
104	under Subsection (1).
105	[(15)] (16) "Paramedic provider" means an entity that:
106	(a) employs emergency medical service personnel; and
107	(b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.
108	[(16)] (17) "Patient" means an individual who, as the result of illness or injury, meets
109	any of the criteria in Section 26-8a-305.
110	[(17)] (18) "Political subdivision" means:
111	(a) a city or town located in a county of the first or second class as defined in Section
112	17-50-501;
113	(b) a county of the first or second class;
114	(c) the following districts located in a county of the first or second class:
115	(i) a special service district created under Title 17D, Chapter 1, Special Service District
116	Act; or
117	(ii) a local district under Title 17B, Limited Purpose Local Government Entities - Local
118	Districts, for the purpose of providing fire protection, paramedic, and emergency services;

119	(d) areas coming together as described in Subsection 26-8a-405.2(2)(b)(ii);
120	(e) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act; or
121	(f) a special service district for fire protection service under Subsection 17D-1-201(9).
122	[(18)] (19) "Trauma" means an injury requiring immediate medical or surgical
123	intervention.
124	[(19)] (20) "Trauma system" means a single, statewide system that:
125	(a) organizes and coordinates the delivery of trauma care within defined geographic
126	areas from the time of injury through transport and rehabilitative care; and
127	(b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in
128	delivering care for trauma patients, regardless of severity.
129	[(20)] (21) "Triage" means the sorting of patients in terms of disposition, destination,
130	or priority. For prehospital trauma victims, triage requires a determination of injury severity to
131	assess the appropriate level of care according to established patient care protocols.
132	[(21)] (22) "Triage, treatment, transportation, and transfer guidelines" means written
133	procedures that:
134	(a) direct the care of patients; and
135	(b) are adopted by the medical staff of an emergency patient receiving facility, trauma
136	center, or an emergency medical service provider.
137	Section 2. Section 26-8a-305 is amended to read:
138	26-8a-305. Ambulance license required for emergency medical transport.
139	Except as provided in Section 26-8a-308, only an ambulance operating under a permit
140	issued under Section 26-8a-304 may transport an individual who:
141	(1) is in an emergency medical condition;
142	(2) is medically or mentally unstable, requiring direct medical observation during
143	transport;
144	(3) is physically incapacitated because of illness or injury and in need of immediate
145	transport by emergency medical service personnel;
146	(4) is likely to require medical attention during transport;
147	(5) is being maintained on any type of emergency medical electronic monitoring;
148	(6) is receiving or has recently received medications that could cause a sudden change
149	in medical condition that might require emergency medical services;

150	(7) requires IV administration or maintenance, oxygen that is not patient-operated, or
151	other emergency medical services during transport;
152	(8) needs to be immobilized during transport to a hospital, an emergency patient
153	receiving facility, or mental health facility due to a mental or physical condition, unless the
154	individual is in the custody of a peace officer and the primary purpose of the restraint is to
155	prevent escape;
156	(9) needs to be immobilized due to a fracture, possible fracture, or other medical
157	condition; [or]
158	(10) is subject to an interfacility transport; or
159	[(10)] (11) otherwise requires or has the potential to require a level of medical care that
160	the committee establishes as requiring direct medical observation.
161	Section 3. Section 26-8a-602 is enacted to read:
162	26-8a-602. Interfacility transportation of behavioral health unit and basic life
163	support patients.
164	(1) As used in this section:
165	(a) "Basic life support patient" means a patient admitted into a hospital emergency
166	room, medical unit, or other hospital unit that:
167	(i) has stable vital signs;
168	(ii) does not have an IV in place;
169	(iii) has no advanced life support medications that will be required for monitoring or
170	administering during transport; and
171	(iv) does not require chemical or physical restraints.
172	(b) "Provider" means a ground ambulance or paramedic licensed under this chapter.
173	(2) A provider may refuse or delay a request for interfacility transportation if:
174	(a) the request is for the transportation of a basic life support patient;
175	(b) the request is made between the hours of 10:00 p.m. and 6:00 a.m.; and
176	(c) (i) the request is for a route that, at the time of the request, would require more than
177	30 miles of driving, as calculated from the patient's originating site to the patient's destination
178	site;
179	(ii) staffing levels or availability of equipment at the time of a request are below the
180	levels established by the department under Subsection (3); or

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181	(iii) there are hazardous weather conditions, as defined by the department under
182	Subsection (3).
183	(3) The department shall make rules in accordance with Title 63G, Chapter 3, Utah
184	Administrative Rulemaking Act, to:
185	(a) establish $\hat{S} \rightarrow$, based on the cost, quality, and access goals established under
185a	Subsection 26-8a-408(7), $\leftarrow \hat{S}$ a level of staffing or equipment availability necessary to support the
185b	<u>needs</u>
186	and expectations of a political subdivision's 911 ambulance or paramedic services between the
187	hours of 10:00 p.m. and 6:00 a.m.; and
188	(b) define hazardous weather conditions under which the interfacility transportation of
189	a non-emergent basic life support patient would result in substantial risk to the patient and the
190	provider.
191	(4) (a) Notwithstanding the requirements in Subsections 26-8a-402(5)(c) and (6)(c), a
192	provider outside of the exclusive geographic service area may respond to a request for the
193	interfacility transportation of a basic life support patient if the provider that is licensed in the
194	exclusive geographic service area:
195	(i) delays or declines a request under Subsection (2); and
196	(ii) requests assistance under a mutual aid agreement.
197	(b) A request under Subsection (4)(a)(ii) qualifies as a time of unusual demand under
198	Subsection 26-8a-402(4)(a).
199	(5) If a provider refuses or delays a request under Subsection (2), the receiving health
200	care provider shall honor an affirmative request from the originating health care provider to
201	hold a bed for a patient whose transportation was refused or delayed from the time of the
202	notification until the earlier of:
203	(a) a notification from the originating health care provider to the receiving health care
204	provider that the bed is no longer needed; or
205	(b) 6:00 a.m. after the initial notification is given, plus a reasonable amount of time for
206	transportation from the originating site to the receiving site.
207	(6) If a health care provider makes a request to hold a bed under Subsection (5), the
208	originating health care provider shall provide regular updates to the receiving health care
209	provider on the status of the delayed transportation.
210	(7) Nothing in this section requires a provider to:
211	(a) delay or decline transportation under Subsection (2); or

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