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•	20-8C-101, as enacted by Laws of Otan 2016, Chapter 97
1 5	26-8d-101, as enacted by Laws of Utah 2018, Chapter 104
, 5	Be it enacted by the Legislature of the state of Utah:
7	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
	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

274	in Subsection (1)(b)(ii)(A); and
275	(C) submit a certified copy of the ordinance approving the annexation or boundary
276	adjustment to each county described in Subsections (1)(b)(ii)(A) and (B); and
277	(c) concurrently with Subsection (1)(b):
278	(i) send notice of the annexation or boundary adjustment to each affected entity; and
279	(ii) in accordance with Section [ <del>26-8a-414</del> ] <u>53-2d-514</u> , file with the [ <del>Department of</del>
280	Health] Bureau of Emergency Medical Services:
281	(A) a certified copy of the ordinance approving the annexation of an unincorporated
282	area or the adjustment of a boundary; and
283	(B) a copy of the approved final local entity plat.
284	(2) If an annexation or boundary adjustment under this part or Chapter 2a, Part 4,
285	Incorporation of Metro Townships and Unincorporated Islands in a County of the First Class
286	on and after May 12, 2015, also causes an automatic annexation to a local district under
287	Section 17B-1-416 or an automatic withdrawal from a local district under Subsection
288	17B-1-502(2), the municipal legislative body shall, as soon as practicable after the lieutenant
289	governor issues a certificate of annexation or boundary adjustment under Section 67-1a-6.5,
290	send notice of the annexation or boundary adjustment to the local district to which the annexed
291	area is automatically annexed or from which the annexed area is automatically withdrawn.
292	(3) Each notice required under Subsection (1) relating to an annexation or boundary
293	adjustment shall state the effective date of the annexation or boundary adjustment, as
294	determined under Subsection (4).
295	(4) An annexation or boundary adjustment under this part is completed and takes
296	effect:
297	(a) for the annexation of or boundary adjustment affecting an area located in a county
298	of the first class, except for an annexation under Section 10-2-418:
299	(i) July 1 following the lieutenant governor's issuance under Section 67-1a-6.5 of a
300	certificate of annexation or boundary adjustment if:
301	(A) the certificate is issued during the preceding November 1 through April 30; and
302	(B) the requirements of Subsection (1) are met before that July 1; or
303	(ii) January 1 following the lieutenant governor's issuance under Section 67-1a-6.5 of a
304	certificate of annexation or boundary adjustment if:

306	(B) the requirements of Subsection (1) are met before that January 1; and
307	(b) subject to Subsection (5), for all other annexations and boundary adjustments, the
308	date of the lieutenant governor's issuance, under Section 67-1a-6.5, of a certificate of
309	annexation or boundary adjustment.
310	(5) If an annexation of an unincorporated island is based upon the results of an election
311	held in accordance with Section 10-2a-404:
312	(a) the county and the annexing municipality may agree to a date on which the
313	annexation is complete and takes effect; and
314	(b) the lieutenant governor shall issue, under Section 67-1a-6.5, a certification of
315	annexation on the date agreed to under Subsection (5)(a).
316	(6) (a) As used in this Subsection (6):
317	(i) "Affected area" means:
318	(A) in the case of an annexation, the annexed area; and
319	(B) in the case of a boundary adjustment, any area that, as a result of the boundary
320	adjustment, is moved from within the boundary of one municipality to within the boundary of
321	another municipality.
322	(ii) "Annexing municipality" means:
323	(A) in the case of an annexation, the municipality that annexes an unincorporated area
324	and
325	(B) in the case of a boundary adjustment, a municipality whose boundary includes an
326	affected area as a result of a boundary adjustment.
327	(b) The effective date of an annexation or boundary adjustment for purposes of
328	assessing property within an affected area is governed by Section 59-2-305.5.
329	(c) Until the documents listed in Subsection (1)(b)(i) are recorded in the office of the
330	recorder of each county in which the property is located, a municipality may not:
331	(i) levy or collect a property tax on property within an affected area;
332	(ii) levy or collect an assessment on property within an affected area; or
333	(iii) charge or collect a fee for service provided to property within an affected area,
334	unless the municipality was charging and collecting the fee within that area immediately before
335	annexation.

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

336	Section 2. Section 11-48-103 is amended to read:
337	11-48-103. Provision of 911 ambulance services in municipalities and counties.
338	(1) The governing body of each municipality and county shall, subject to [Title 26,
339	Chapter 8a, Part 4, Ambulance and Paramedic Providers, Title 53, Chapter 2d, Part 5,
340	Ambulance and Paramedic Providers, ensure at least a minimum level of 911 ambulance
341	services are provided:
342	(a) within the territorial limits of the municipality or county;
343	(b) by a ground ambulance provider, licensed by the [Department of Health] Bureau of
344	Emergency Medical Services under [Title 26, Chapter 8a, Part 4, Ambulance and Paramedic
345	Providers] Title 53, Chapter 2d, Part 5, Ambulance and Paramedic Providers; and
346	(c) in accordance with rules established by the State Emergency Medical Services
347	Committee under [Subsection 26-8a-104(8).] Subsection 53-2d-105(8).
348	(2) A municipality or county may:
349	(a) subject to Subsection (3), maintain and support 911 ambulance services for the
350	municipality's or county's own jurisdiction; or
351	(b) contract to:
352	(i) provide 911 ambulance services to any county, municipal corporation, local district,
353	special service district, interlocal entity, private corporation, nonprofit corporation, state
354	agency, or federal agency;
355	(ii) receive 911 ambulance services from any county, municipal corporation, local
356	district, special service district, interlocal entity, private corporation, nonprofit corporation,
357	state agency, or federal agency;
358	(iii) jointly provide 911 ambulance services with any county, municipal corporation,
359	local district, special service district, interlocal entity, private corporation, nonprofit
360	corporation, state agency, or federal agency; or
361	(iv) contribute toward the support of 911 ambulance services in any county, municipal
362	corporation, local district, special service district, interlocal entity, private corporation,
363	nonprofit corporation, state agency, or federal agency in return for 911 ambulance services.
364	(3) (a) A municipality or county that maintains and supports 911 ambulance services
365	for the municipality's or county's own jurisdiction under Subsection (2)(a) shall obtain a license
366	as a ground ambulance provider from the [Department of Health] Bureau of Emergency

367	Medical Services under [Title 26, Chapter 8a, Part 4, Ambulance and Paramedic Providers]
368	Title 53, Chapter 2d, Part 5, Ambulance and Paramedic Providers.
369	(b) [Subsections 26-8a-405] Subsections 53-2d-505 through [26-8a-405.3] 53-2d-505.3
370	do not apply to a license described in Subsection (3)(a).
371	Section 3. Section 17B-2a-902 is amended to read:
372	17B-2a-902. Provisions applicable to service areas.
373	(1) Each service area is governed by and has the powers stated in:
374	(a) this part; and
375	(b) except as provided in Subsection (5), Chapter 1, Provisions Applicable to All Local
376	Districts.
377	(2) This part applies only to service areas.
378	(3) A service area is not subject to the provisions of any other part of this chapter.
379	(4) If there is a conflict between a provision in Chapter 1, Provisions Applicable to All
380	Local Districts, and a provision in this part, the provision in this part governs.
381	(5) (a) Except as provided in Subsection (5)(b), on or after December 31, 2012, a
382	service area may not charge or collect a fee under Section 17B-1-643 for:
383	(i) law enforcement services;
384	(ii) fire protection services;
385	(iii) 911 ambulance or paramedic services as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-101</u>
386	that are provided under a contract in accordance with Section [ <del>26-8a-405.2</del> ] <u>53-2d-505.2</u> ; or
387	(iv) emergency services.
388	(b) Subsection (5)(a) does not apply to:
389	(i) a fee charged or collected on an individual basis rather than a general basis;
390	(ii) a non-911 service as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-</u> that is provided under a
391	contract in accordance with Section $[26-8a-405.2]$ $\underline{53-2d-505.2}$ ;
392	(iii) an impact fee charged or collected for a public safety facility as defined in Section
393	11-36a-102; or
394	(iv) a service area that includes within the boundary of the service area a county of the
395	fifth or sixth class.
396	Section 4. Section <b>26-6b-2</b> is amended to read:
397	26-6b-2. Definitions.

398	As used in this chapter:
399	(1) "Department" means the Department of Health or a local health department as
400	defined in Section 26A-1-102.
401	(2) "First responder" means:
402	(a) a law enforcement officer as defined in Section 53-13-103;
403	(b) emergency medical service personnel as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-1</u> ;
404	(c) firefighters; and
405	(d) public health personnel having jurisdiction over the location where an individual
406	subject to restriction is found.
407	(3) "Order of restriction" means an order issued by a department or a district court
408	which requires an individual or group of individuals who are subject to restriction to submit to
409	an examination, treatment, isolation, or quarantine.
410	(4) "Public health official" means:
411	(a) the executive director of the Department of Health, or the executive director's
412	authorized representative; or
413	(b) the executive director of a local health department as defined in Section 26A-1-102,
414	or the executive director's authorized representative.
415	(5) "Subject to restriction" as applied to an individual, or a group of individuals, means
416	the individual or group of individuals is:
417	(a) infected or suspected to be infected with a communicable disease that poses a threat
418	to the public health and who does not take action as required by the department to prevent
419	spread of the disease;
420	(b) contaminated or suspected to be contaminated with an infectious agent that poses a
421	threat to the public health, and that could be spread to others if remedial action is not taken;
422	(c) in a condition or suspected condition which, if the individual is exposed to others,
423	poses a threat to public health, or is in a condition which if treatment is not completed the
424	individual will pose a threat to public health; or
425	(d) contaminated or suspected to be contaminated with a chemical or biological agent
426	that poses a threat to the public health and that could be spread to others if remedial action is
427	not taken.

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

429	26-9-4. Rural Health Care Facilities Account Source of revenues Interest
430	Distribution of revenues Expenditure of revenues Unexpended revenues lapse into
431	the General Fund.
432	(1) As used in this section:
433	(a) "Emergency medical services" is as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-101</u> .
434	(b) "Federally qualified health center" is as defined in 42 U.S.C. Sec. 1395x.
435	(c) "Fiscal year" means a one-year period beginning on July 1 of each year.
436	(d) "Freestanding urgent care center" is as defined in Section 59-12-801.
437	(e) "Nursing care facility" is as defined in Section 26-21-2.
438	(f) "Rural city hospital" is as defined in Section 59-12-801.
439	(g) "Rural county health care facility" is as defined in Section 59-12-801.
440	(h) "Rural county hospital" is as defined in Section 59-12-801.
441	(i) "Rural county nursing care facility" is as defined in Section 59-12-801.
442	(j) "Rural emergency medical services" is as defined in Section 59-12-801.
443	(k) "Rural health clinic" is as defined in 42 U.S.C. Sec. 1395x.
444	(2) There is created a restricted account within the General Fund known as the "Rural
445	Health Care Facilities Account."
446	(3) (a) The restricted account shall be funded by amounts appropriated by the
447	Legislature.
448	(b) Any interest earned on the restricted account shall be deposited into the General
449	Fund.
450	(4) Subject to Subsections (5) and (6), the State Tax Commission shall for a fiscal year
451	distribute money deposited into the restricted account to each:
452	(a) county legislative body of a county that, on January 1, 2007, imposes a tax in
453	accordance with Section 59-12-802 and has not repealed the tax; or
454	(b) city legislative body of a city that, on January 1, 2007, imposes a tax in accordance
455	with Section 59-12-804 and has not repealed the tax.
456	(5) (a) Subject to Subsection (6), for purposes of the distribution required by
457	Subsection (4), the State Tax Commission shall:
458	(i) estimate for each county and city described in Subsection (4) the amount by which
459	the revenues collected from the taxes imposed under Sections 59-12-802 and 59-12-804 for

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- 460 fiscal year 2005-06 would have been reduced had: 461 (A) the amendments made by Laws of Utah 2007, Chapter 288, Sections 25 and 26, to 462 Sections 59-12-802 and 59-12-804 been in effect for fiscal year 2005-06; and 463 (B) each county and city described in Subsection (4) imposed the tax under Sections 464 59-12-802 and 59-12-804 for the entire fiscal year 2005-06; 465 (ii) (A) for fiscal years ending before fiscal year 2018, calculate a percentage for each 466 county and city described in Subsection (4) by dividing the amount estimated for each county 467 and city in accordance with Subsection (5)(a)(i) by \$555,000; and 468 (B) beginning in fiscal year 2018, calculate a percentage for each county and city 469 described in Subsection (4) by dividing the amount estimated for each county and city in 470 accordance with Subsection (5)(a)(i) by \$218,809.33; 471 (iii) distribute to each county and city described in Subsection (4) an amount equal to 472
  - 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
    - (b) after making the determination required by Subsection (6)(a), the commission shall:
- 485 (i) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 486 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
- 489 (II) deposit 75% of the distribution determined in accordance with Subsection (6)(a) into the General Fund; and 490

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that county; and

491 (B) beginning with the first fiscal year after the effective date of the repeal and for each 492 subsequent fiscal year, deposit the entire amount of the distribution determined in accordance 493 with Subsection (6)(a) into the General Fund; 494 (ii) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 495 59-12-804 is January 1: 496 (A) (I) distribute to the county legislative body or city legislative body 50% of the 497 distribution determined in accordance with Subsection (6)(a); and 498 (II) deposit 50% of the distribution determined in accordance with Subsection (6)(a) 499 into the General Fund; and 500 (B) beginning with the first fiscal year after the effective date of the repeal and for each 501 subsequent fiscal year, deposit the entire amount of the distribution determined in accordance 502 with Subsection (6)(a) into the General Fund; 503 (iii) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 504 59-12-804 is April 1: 505 (A) (I) distribute to the county legislative body or city legislative body 75% of the 506 distribution determined in accordance with Subsection (6)(a); and 507 (II) deposit 25% of the distribution determined in accordance with Subsection (6)(a) 508 into the General Fund; and 509 (B) beginning with the first fiscal year after the effective date of the repeal and for each 510 subsequent fiscal year, deposit the entire amount of the distribution determined in accordance 511 with Subsection (6)(a) into the General Fund; or 512 (iv) if the effective date of the repeal of a tax imposed under Section 59-12-802 or 513 59-12-804 is July 1, beginning on that effective date and for each subsequent fiscal year, 514 deposit the entire amount of the distribution determined in accordance with Subsection (6)(a) 515 into the General Fund. 516 (7) (a) Subject to Subsection (7)(b) and Section 59-12-802, a county legislative body 517 shall distribute the money the county legislative body receives in accordance with Subsection 518 (5) or (6): 519 (i) for a county of the third or fourth class, to fund rural county health care facilities in

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

522	(A) rural emergency medical services in that county;
523	(B) federally qualified health centers in that county;
524	(C) freestanding urgent care centers in that county;
525	(D) rural county health care facilities in that county;
526	(E) rural health clinics in that county; or
527	(F) a combination of Subsections (7)(a)(ii)(A) through (E).
528	(b) A county legislative body shall distribute the money the county legislative body
529	receives in accordance with Subsection (5) or (6) to a center, clinic, facility, or service
530	described in Subsection (7)(a) as determined by the county legislative body.
531	(c) A center, clinic, facility, or service that receives a distribution in accordance with
532	this Subsection (7) shall expend that distribution for the same purposes for which money
533	collected from a tax under Section 59-12-802 may be expended.
534	(8) (a) Subject to Subsection (8)(b), a city legislative body shall distribute the money
535	the city legislative body receives in accordance with Subsection (5) or (6) to fund rural city
536	hospitals in that city.
537	(b) A city legislative body shall distribute a percentage of the money the city legislative
538	body receives in accordance with Subsection (5) or (6) to each rural city hospital described in
539	Subsection (8)(a) equal to the same percentage that the city legislative body distributes to that
540	rural city hospital in accordance with Section 59-12-805 for the calendar year ending on the
541	December 31 immediately preceding the first day of the fiscal year for which the city
542	legislative body receives the distribution in accordance with Subsection (5) or (6).
543	(c) A rural city hospital that receives a distribution in accordance with this Subsection
544	(8) shall expend that distribution for the same purposes for which money collected from a tax
545	under Section 59-12-804 may be expended.
546	(9) Any money remaining in the Rural Health Care Facilities Account at the end of a
547	fiscal year after the State Tax Commission makes the distributions required by this section
548	shall lapse into the General Fund.
549	Section 6. Section <b>26-18-26</b> is amended to read:
550	26-18-26. Reimbursement for nonemergency secured behavioral health transport
551	providers.
552	The department may not reimburse a nonemergency secured behavioral health transport

553	provider that is designated under Section [ <del>26-8a-303</del> ] <u>53-2d-403</u> .
554	Section 7. Section 26-21-32 is amended to read:
555	26-21-32. Notification of air ambulance policies and charges.
556	(1) For any patient who is in need of air medical transport provider services, a health
557	care facility shall:
558	(a) provide the patient or the patient's representative with the information described in
559	Subsection [26-8a-107(7)(a)] 53-2d-107(8)(a) before contacting an air medical transport
560	provider; and
561	(b) if multiple air medical transport providers are capable of providing the patient with
562	services, provide the patient or the patient's representative with an opportunity to choose the air
563	medical transport provider.
564	(2) Subsection (1) does not apply if the patient:
565	(a) is unconscious and the patient's representative is not physically present with the
566	patient; or
567	(b) is unable, due to a medical condition, to make an informed decision about the
568	choice of an air medical transport provider, and the patient's representative is not physically
569	present with the patient.
570	Section 8. Section 26-21-209 is amended to read:
571	26-21-209. Direct Access Clearance System database Contents Use.
572	(1) The department shall create and maintain a Direct Access Clearance System
573	database, which:
574	(a) includes the names of individuals for whom [the department has received]:
575	(i) the department has received an application for clearance under this part; or
576	(ii) the Bureau of Emergency Medical Services has received an application for
577	background clearance under Section [ <del>26-8a-310</del> ] <u>53-2d-410</u> ; and
578	(b) indicates whether an application is pending and whether clearance has been granted
579	and retained for:
580	(i) an applicant under this part; and
581	(ii) an applicant for background clearance under Section [ <del>26-8a-310</del> ] <u>53-2d-410</u> .
582	(2) (a) The department shall allow covered providers and covered contractors to access
583	the database electronically

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\$5,000 per violation; or

- 584 (b) Data accessible to a covered provider or covered contractor is limited to the 585 information under Subsections (1)(a)(i) and (1)(b)(i) for: 586 (i) covered individuals engaged by the covered provider or covered contractor; and 587 (ii) individuals: 588 (A) whom the covered provider or covered contractor could engage as covered 589 individuals; and 590 (B) who have provided the covered provider or covered contractor with sufficient 591 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 592 593 use of the database by a covered contractor. 594 (ii) The fees may include, in addition to any fees established by the department under 595 Subsection 26-21-204(9), an initial set-up fee, an ongoing access fee, and a per-use fee. 596 Section 9. Section **26-23-6** is amended to read: 597 26-23-6. Criminal and civil penalties and liability for violations. 598 (1) (a) Any person, association, corporation, or an officer of a person, an association, or 599 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 600 601 violation, and for any subsequent similar violation within two years, is guilty of a class A 602 misdemeanor, except this section does not establish the criminal penalty for a violation of 603 Section 26-23-5.5 [or Section 26-8a-502.1]. 604 (b) Conviction in a criminal proceeding does not preclude the department or a local 605 health department from assessment of any civil penalty, administrative civil money penalty or 606 to deny, revoke, condition, or refuse to renew a permit, license, or certificate or to seek other 607 injunctive or equitable remedies. (2) (a) Subject to Subsections (2)(c) and (d), any association, corporation, or an officer 608 609 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: 610 611 (i) may be assessed, in a judicial civil proceeding, a penalty not to exceed the sum of
  - (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.
- (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:

646	(1) "Ambulance service provider" means:
647	(a) an ambulance provider as defined in Section 26-8a-102; or
648	(b) a non-911 service provider as defined in Section 26-8a-102.
649	(2) "Assessment" means the Medicaid ambulance service provider assessment
650	established by this chapter.
651	(3) "Division" means the Division of Health Care Financing within the department.
652	(4) "Non-federal portion" means the non-federal share the division needs to seed
653	amounts that will support fee-for-service ambulance service provider rates, as described in
654	Section 26-37a-105.
655	(5) "Total transports" means the number of total ambulance transports applicable to a
656	given fiscal year, as determined under Subsection [ <del>26-37a-104(5).</del> ] <u>26-37a-104(5).</u>
657	Section 11. Section 26-55-102 is amended to read:
658	26-55-102. Definitions.
659	As used in this chapter:
660	(1) "Controlled substance" means the same as that term is defined in Title 58, Chapter
661	37, Utah Controlled Substances Act.
662	(2) "Dispense" means the same as that term is defined in Section 58-17b-102.
663	(3) "Health care facility" means a hospital, a hospice inpatient residence, a nursing
664	facility, a dialysis treatment facility, an assisted living residence, an entity that provides home-
665	and community-based services, a hospice or home health care agency, or another facility that
666	provides or contracts to provide health care services, which facility is licensed under Chapter
667	21, Health Care Facility Licensing and Inspection Act.
668	(4) "Health care provider" means:
669	(a) a physician, as defined in Section 58-67-102;
670	(b) an advanced practice registered nurse, as defined in Section 58-31b-102;
671	(c) a physician assistant, as defined in Section 58-70a-102; or
672	(d) an individual licensed to engage in the practice of dentistry, as defined in Section
673	58-69-102.
674	(5) "Increased risk" means risk exceeding the risk typically experienced by an
675	individual who is not using, and is not likely to use, an opiate.
676	(6) "Local health department" means:

677 (a) a local health department, as defined in Section 26A-1-102; or 678 (b) a multicounty local health department, as defined in Section 26A-1-102. 679 (7) "Opiate" means the same as that term is defined in Section 58-37-2. 680 (8) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that 681 is not a controlled substance and that is approved by the federal Food and Drug Administration 682 for the diagnosis or treatment of an opiate-related drug overdose. 683 (9) "Opiate-related drug overdose event" means an acute condition, including a 684 decreased level of consciousness or respiratory depression resulting from the consumption or 685 use of a controlled substance, or another substance with which a controlled substance was 686 combined, and that a person would reasonably believe to require medical assistance. 687 (10) "Overdose outreach provider" means: 688 (a) a law enforcement agency; 689 (b) a fire department; 690 (c) an emergency medical service provider, as defined in Section [26-8a-102] 691 53-2d-101; 692 (d) emergency medical service personnel, as defined in Section [26-8a-102] 53-2d-101; 693 (e) an organization providing treatment or recovery services for drug or alcohol use; 694 (f) an organization providing support services for an individual, or a family of an 695 individual, with a substance use disorder; 696 (g) an organization providing substance use or mental health services under contract 697 with a local substance abuse authority, as defined in Section 62A-15-102, or a local mental 698 health authority, as defined in Section 62A-15-102; 699 (h) an organization providing services to the homeless; 700 (i) a local health department; 701 (j) an individual licensed to practice pharmacy under Title 58, Chapter 17b, Pharmacy 702 Practice Act; or 703 (k) an individual. 704 (11) "Patient counseling" means the same as that term is defined in Section 705 58-17b-102. 706 (12) "Pharmacist" means the same as that term is defined in Section 58-17b-102. 707 (13) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.

708	(14) "Prescribe" means the same as that term is defined in Section 58-17b-102.
709	Section 12. Section <b>26B-1-204</b> is amended to read:
710	26B-1-204. Creation of boards, divisions, and offices Power to organize
711	department.
712	(1) The executive director shall make rules in accordance with Title 63G, Chapter 3,
713	Utah Administrative Rulemaking Act, and not inconsistent with law for:
714	(a) the administration and government of the department;
715	(b) the conduct of the department's employees; and
716	(c) the custody, use, and preservation of the records, papers, books, documents, and
717	property of the department.
718	(2) The following policymaking boards, councils, and committees are created within
719	the Department of Health and Human Services:
720	(a) Board of Aging and Adult Services;
721	(b) Utah State Developmental Center Board;
722	(c) Health Advisory Council;
723	(d) Health Facility Committee;
724	[(e) State Emergency Medical Services Committee;]
725	[(f) Air Ambulance Committee;]
726	[ <del>(g)</del> ] <u>(e)</u> Health Data Committee;
727	[(h)] (f) Utah Health Care Workforce Financial Assistance Program Advisory
728	Committee;
729	[(i)] (g) Residential Child Care Licensing Advisory Committee;
730	[ <del>(j)</del> ] (h) Child Care Center Licensing Committee;
731	[(k)] (i) Primary Care Grant Committee;
732	[(1)] (i) Adult Autism Treatment Program Advisory Committee;
733	[(m)] (k) Youth Electronic Cigarette, Marijuana, and Other Drug Prevention
734	Committee; and
735	[(n)] (1) any boards, councils, or committees that are created by statute in:
736	(i) this title;
737	(ii) Title 26, Utah Health Code; or
738	(iii) Title 62A, Utah Human Services Code.

739	(3) The following divisions are created within the Department of Health and Human
740	Services:
741	(a) relating to operations:
742	(i) the Division of Finance and Administration;
743	(ii) the Division of Licensing and Background Checks;
744	(iii) the Division of Customer Experience;
745	(iv) the Division of Data, Systems, and Evaluation; and
746	(v) the Division of Continuous Quality Improvement;
747	(b) relating to healthcare administration:
748	(i) the Division of Integrated Healthcare, which shall include responsibility for:
749	(A) the state's medical assistance programs; and
750	(B) behavioral health programs described in Title 62A, Chapter 15, Substance Abuse
751	and Mental Health Act;
752	(ii) the Division of Aging and Adult Services; and
753	(iii) the Division of Services for People with Disabilities; and
754	(c) relating to community health and well-being:
755	(i) the Division of Child and Family Services;
756	(ii) the Division of Family Health;
757	(iii) the Division of Population Health;
758	(iv) the Division of Juvenile Justice and Youth Services; and
759	(v) the Office of Recovery Services.
760	(4) The executive director may establish offices and bureaus to facilitate management
761	of the department as required by, and in accordance with:
762	(a) this title;
763	(b) Title 26, Utah Health Code; and
764	(c) Title 62A, Utah Human Services Code.
765	(5) From July 1, 2022, through June 30, 2023, the executive director may adjust the
766	organizational structure relating to the department, including the organization of the
767	department's divisions and offices, notwithstanding the organizational structure described in:
768	(a) this title;
769	(b) Title 26, Utah Health Code; or

(I) the commissioner; or

770 (c) Title 62A, Utah Human Services Code. 771 Section 13. Section **34-55-102** is amended to read: 772 **34-55-102.** Definitions. 773 (1) "Emergency" means a condition in any part of this state that requires state 774 government emergency assistance to supplement the local efforts of the affected political 775 subdivision to save lives and to protect property, public health, welfare, or safety in the event 776 of a disaster, or to avoid or reduce the threat of a disaster. 777 (2) "Emergency services volunteer" means: 778 (a) a volunteer firefighter as defined in Section 49-16-102; 779 (b) an individual licensed under Section [26-8a-302] 53-2d-402; or (c) an individual mobilized as part of a posse comitatus. 780 781 (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 782 783 establishment, under any contract of hire, express or implied, oral or written. (4) "Public safety agency" means a governmental entity that provides fire protection, 784 785 law enforcement, ambulance, medical, or other emergency services. 786 Section 14. Section **34A-2-102** is amended to read: 787 34A-2-102. Definition of terms. 788 (1) As used in this chapter: 789 (a) "Average weekly wages" means the average weekly wages as determined under 790 Section 34A-2-409. 791 (b) "Award" means a final order of the commission as to the amount of compensation 792 due: 793 (i) an injured employee; or 794 (ii) a dependent of a deceased employee. 795 (c) "Compensation" means the payments and benefits provided for in this chapter or 796 Chapter 3, Utah Occupational Disease Act. 797 (d) (i) "Decision" means a ruling of: 798 (A) an administrative law judge; or 799 (B) in accordance with Section 34A-2-801:

(II) the Appeals Board.

(ii) "Decision" includes:

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803	(A) an award or denial of a medical, disability, death, or other related benefit under this
804	chapter or Chapter 3, Utah Occupational Disease Act; or
805	(B) another adjudicative ruling in accordance with this chapter or Chapter 3, Utah
806	Occupational Disease Act.
807	(e) "Director" means the director of the division, unless the context requires otherwise.
808	(f) "Disability" means an administrative determination that may result in an entitlement
809	to compensation as a consequence of becoming medically impaired as to function. Disability
810	can be total or partial, temporary or permanent, industrial or nonindustrial.
811	(g) "Division" means the Division of Industrial Accidents.
812	(h) "First responder" means:
813	(i) a law enforcement officer, as defined in Section 53-13-103;
814	(ii) an emergency medical technician, as defined in Section [ <del>26-8c-102</del> ] <u>53-2e-101</u> ;
815	(iii) an advanced emergency medical technician, as defined in Section [ <del>26-8c-102</del> ]
816	<u>53-2e-101</u> ;
817	(iv) a paramedic, as defined in Section [26-8c-102] 53-2e-101;
818	(v) a firefighter, as defined in Section 34A-3-113;
819	(vi) a dispatcher, as defined in Section 53-6-102; or
820	(vii) a correctional officer, as defined in Section 53-13-104.
821	(i) "Impairment" is a purely medical condition reflecting an anatomical or functional
822	abnormality or loss. Impairment may be either temporary or permanent, industrial or
823	nonindustrial.
824	(j) "Order" means an action of the commission that determines the legal rights, duties,
825	privileges, immunities, or other interests of one or more specific persons, but not a class of
826	persons.
827	(k) (i) "Personal injury by accident arising out of and in the course of employment"
828	includes an injury caused by the willful act of a third person directed against an employee
829	because of the employee's employment.
830	(ii) "Personal injury by accident arising out of and in the course of employment" does
831	not include a disease, except as the disease results from the injury.

832	(1) "Safe" and "safety," as applied to employment or a place of employment, means the
833	freedom from danger to the life or health of employees reasonably permitted by the nature of
834	the employment.
835	(2) As used in this chapter and Chapter 3, Utah Occupational Disease Act:
836	(a) "Brother or sister" includes a half brother or sister.
837	(b) "Child" includes:
838	(i) a posthumous child; or
839	(ii) a child legally adopted prior to an injury.
840	Section 15. Section 39-1-64 is amended to read:
841	39-1-64. Extension of licenses for members of National Guard and reservists.
842	(1) As used in this section, "license" means any license issued under:
843	(a) Title 58, Occupations and Professions; and
844	(b) Section $\left[\frac{26-8a-302}{53-2d-402}\right]$
845	(2) Any license held by a member of the National Guard or reserve component of the
846	armed forces that expires while the member is on active duty shall be extended until 90 days
847	after the member is discharged from active duty status.
848	(3) The licensing agency shall renew a license extended under Subsection (2) until the
849	next date that the license expires or for the period that the license is normally issued, at no cost
850	to the member of the National Guard or reserve component of the armed forces if all of the
851	following conditions are met:
852	(a) the National Guard member or reservist requests renewal of the license within 90
853	days after being discharged;
854	(b) the National Guard member or reservist provides the licensing agency with a copy
855	of the member's or reservist's official orders calling the member or reservist to active duty, and
856	official orders discharging the member or reservist from active duty; and
857	(c) the National Guard member or reservist meets all the requirements necessary for the
858	renewal of the license, except the member or reservist need not meet the requirements, if any,
859	that relate to continuing education or training.
860	(4) The provisions of this section do not apply to regularly scheduled annual training.
861	Section 16. Section 41-1a-230.7 is amended to read:
862	41-1a-230.7. Registration checkoff for supporting emergency medical services

863	and search and rescue operations.
864	(1) A person who applies for a motor vehicle registration or registration renewal may
865	designate a voluntary contribution of \$3 for the purpose of supporting:
866	(a) the Emergency Medical Services Grant Program; and
867	(b) the Search and Rescue Financial Assistance Program.
868	(2) This contribution shall be:
869	(a) collected by the division;
870	(b) treated as a voluntary contribution and not as a motor vehicle or off-highway
871	vehicle registration fee; and
872	(c) distributed equally to the Emergency Medical Services System Account created in
873	Section [ <del>26-8a-108</del> ] <u>53-2d-108</u> and the Search and Rescue Financial Assistance Program
874	created in Section 53-2a-1102 at least monthly, less actual administrative costs associated with
875	collecting and transferring the contributions.
876	(3) In addition to the administrative costs deducted under Subsection (2)(c), the
877	division may deduct the first \$1,000 collected to cover costs incurred to change the registration
878	form.
879	Section 17. Section 41-6a-523 is amended to read:
880	41-6a-523. Persons authorized to draw blood Immunity from liability.
881	(1) (a) Only the following, acting at the request of a peace officer, may draw blood to
882	determine its alcohol or drug content:
883	(i) a physician;
884	(ii) a physician assistant;
885	(iii) a registered nurse;
886	(iv) a licensed practical nurse;
887	(v) a paramedic;
888	(vi) as provided in Subsection (1)(b), emergency medical service personnel other than
889	paramedics; or
890	(vii) a person with a valid permit issued by the Department of Health under Section
891	26-1-30.
892	(b) The [Department of Health] Bureau of Emergency Medical Services may designate
893	by rule, in accordance with Title 63G. Chapter 3. Utah Administrative Rulemaking Act, which

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894
       emergency medical service personnel, as defined in Section [26-8a-102] 53-2d-101, are
895
       authorized to draw blood under Subsection (1)(a)(vi), based on the type of license under
896
       Section [<del>26-8a-302</del>] 53-2d-402.
897
               (c) Subsection (1)(a) does not apply to taking a urine, breath, or oral fluid specimen.
898
               (2) The following are immune from civil or criminal liability arising from drawing a
899
       blood sample from a person whom a peace officer has reason to believe is driving in violation
900
       of this chapter, if the sample is drawn in accordance with standard medical practice:
901
               (a) a person authorized to draw blood under Subsection (1)(a): and
902
               (b) if the blood is drawn at a hospital or other medical facility, the medical facility.
903
               Section 18. Section 53-1-104 is amended to read:
904
               53-1-104. Boards, bureaus, councils, divisions, and offices.
905
               (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;
906
907
               (b) the Air Ambulance Committee created in Section 53-2d-107;
908
               (c) the Driver License Medical Advisory Board, created in Section 53-3-303;
909
               [(b)] (d) the Concealed Firearm Review Board, created in Section 53-5-703:
910
               [<del>(c)</del>] (e) the Utah Fire Prevention Board, created in Section 53-7-203;
911
               [<del>(d)</del>] (f) the Liquified Petroleum Gas Board, created in Section 53-7-304; and
912
               [(e)] (g) the Private Investigator Hearing and Licensure Board, created in Section
913
       53-9-104.
914
               (2) The following are the councils within the department:
915
               (a) the Peace Officer Standards and Training Council, created in Section 53-6-106; and
916
               (b) the Motor Vehicle Safety Inspection Advisory Council, created in Section
917
       53-8-203.
918
               (3) The following are the divisions within the department:
919
               (a) the Administrative Services Division, created in Section 53-1-203:
               (b) the Management Information Services Division, created in Section 53-1-303;
920
921
               (c) the Division of Emergency Management, created in Section 53-2a-103;
922
               (d) the Driver License Division, created in Section 53-3-103;
923
               (e) the Criminal Investigations and Technical Services Division, created in Section
924
       53-10-103:
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925	(f) the Peace Officer Standards and Training Division, created in Section 53-6-103;
926	(g) the State Fire Marshal Division, created in Section 53-7-103; and
927	(h) the Utah Highway Patrol Division, created in Section 53-8-103.
928	(4) The Office of Executive Protection is created in Section 53-1-112.
929	(5) The following are the bureaus within the department:
930	(a) the Bureau of Emergency Medical Services, created in Section 53-2d-102;
931	(b) the Bureau of Criminal Identification, created in Section 53-10-201;
932	[(b)] (c) the State Bureau of Investigation, created in Section 53-10-301;
933	[(c)] (d) the Bureau of Forensic Services, created in Section 53-10-401; and
934	[(d)] (e) the Bureau of Communications, created in Section 53-10-501.
935	Section 19. Section 53-2d-101, which is renumbered from Section 26-8a-102 is
936	renumbered and amended to read:
937	CHAPTER 2d. Emergency Medical Services Act
938	Part 1. General Provisions
939	$[\frac{26-8a-102}{53-2d-101}]$ . Definitions.
940	As used in this chapter:
941	(1) (a) "911 ambulance or paramedic services" means:
942	(i) either:
943	(A) 911 ambulance service;
944	(B) 911 paramedic service; or
945	(C) both 911 ambulance and paramedic service; and
946	(ii) a response to a 911 call received by a designated dispatch center that receives 911
947	or E911 calls.
948	(b) "911 ambulance or paramedic services" does not mean a seven or 10 digit
949	telephone call received directly by an ambulance provider licensed under this chapter.
950	(2) "Account" means the Automatic External Defibrillator Restricted Account, created
951	<u>in Section 53-2d-809.</u>
952	[(2)] (3) "Ambulance" means a ground, air, or water vehicle that:
953	(a) transports patients and is used to provide emergency medical services; and
954	(b) is required to obtain a permit under Section [26-8a-304] 53-2d-404 to operate in the
955	state.

956	[(3)] (4) "Ambulance provider" means an emergency medical service provider that:
957	(a) transports and provides emergency medical care to patients; and
958	(b) is required to obtain a license under [Part 4, Ambulance and Paramedic Providers]
959	Part 5, Ambulance and Paramedic Providers.
960	(5) "Automatic external defibrillator" or "AED" means an automated or automatic
961	computerized medical device that:
962	(a) has received pre-market notification approval from the United States Food and
963	Drug Administration, pursuant to 21 U.S.C. Sec. 360(k);
964	(b) is capable of recognizing the presence or absence of ventricular fibrillation or rapid
965	ventricular tachycardia;
966	(c) is capable of determining, without intervention by an operator, whether
967	defibrillation should be performed; and
968	(d) upon determining that defibrillation should be performed, automatically charges,
969	enabling delivery of, or automatically delivers, an electrical impulse through the chest wall and
970	to an individual's heart.
971	[(4)] (6) (a) "Behavioral emergency services" means delivering a behavioral health
972	intervention to a patient in an emergency context within a scope and in accordance with
973	guidelines established by the department.
974	(b) "Behavioral emergency services" does not include engaging in the:
975	(i) practice of mental health therapy as defined in Section 58-60-102;
976	(ii) practice of psychology as defined in Section 58-61-102;
977	(iii) practice of clinical social work as defined in Section 58-60-202;
978	(iv) practice of certified social work as defined in Section 58-60-202;
979	(v) practice of marriage and family therapy as defined in Section 58-60-302;
980	(vi) practice of clinical mental health counseling as defined in Section 58-60-402; or
981	(vii) practice as a substance use disorder counselor as defined in Section 58-60-502.
982	(7) "Bureau" means the Bureau of Emergency Medical Services created in Section
983	<u>53-2d-102.</u>
984	(8) "Cardiopulmonary resuscitation" or "CPR" means artificial ventilation or external
985	chest compression applied to a person who is unresponsive and not breathing.
986	[(5)] (9) "Committee" means the State Emergency Medical Services Committee

98/	created by Section [ $\frac{26B-1-204}{2}$ ] $\frac{53-2d-104}{2}$ .
988	[(6)] (10) "Community paramedicine" means medical care:
989	(a) provided by emergency medical service personnel; and
990	(b) provided to a patient who is not:
991	(i) in need of ambulance transportation; or
992	(ii) located in a health care facility as defined in Section 26-21-2.
993	(11) "Division" means the Division of Emergency Management created in Section
994	<u>53-2a-103.</u>
995	[ <del>(7)</del> ] <u>(12)</u> "Direct medical observation" means in-person observation of a patient by a
996	physician, registered nurse, physician's assistant, or individual licensed under Section
997	26-8a-302.
998	[ <del>(8)</del> ] (13) "Emergency medical condition" means:
999	(a) a medical condition that manifests itself by symptoms of sufficient severity,
1000	including severe pain, that a prudent layperson, who possesses an average knowledge of health
1001	and medicine, could reasonably expect the absence of immediate medical attention to result in:
1002	(i) placing the individual's health in serious jeopardy;
1003	(ii) serious impairment to bodily functions; or
1004	(iii) serious dysfunction of any bodily organ or part; or
1005	(b) a medical condition that in the opinion of a physician or the physician's designee
1006	requires direct medical observation during transport or may require the intervention of an
1007	individual licensed under Section [ <del>26-8a-302</del> ] <u>53-2d-402</u> during transport.
1008	(14) "Emergency medical dispatch center" means a public safety answering point, as
1009	defined in Section 63H-7a-103, that is designated as an emergency medical dispatch center by
1010	the bureau.
1011	[(9)] (15) (a) "Emergency medical service personnel" means an individual who
1012	provides emergency medical services or behavioral emergency services to a patient and is
1013	required to be licensed or certified under Section [ <del>26-8a-302</del> ] <u>53-2d-402</u> .
1014	(b) "Emergency medical service personnel" includes a paramedic, medical director of a
1015	licensed emergency medical service provider, emergency medical service instructor, behavioral
1016	emergency services technician, other categories established by the committee, and a certified
1017	emergency medical dispatcher.

1018	[(10)] (16) "Emergency medical service providers" means:
1019	(a) licensed ambulance providers and paramedic providers;
1020	(b) a facility or provider that is required to be designated under Subsection
1021	$\left[\frac{26-8a-303(1)(a)}{2}\right] = \frac{53-2d-403(1)(a)}{2}$ ; and
1022	(c) emergency medical service personnel.
1023	[(11)] (17) "Emergency medical services" means:
1024	(a) medical services;
1025	(b) transportation services;
1026	(c) behavioral emergency services; or
1027	(d) any combination of the services described in Subsections [(11)] (16)(a) through (c).
1028	[(12)] (18) "Emergency medical service vehicle" means a land, air, or water vehicle
1029	that is:
1030	(a) maintained and used for the transportation of emergency medical personnel,
1031	equipment, and supplies to the scene of a medical emergency; and
1032	(b) required to be permitted under Section [ <del>26-8a-304</del> ] <u>53-2d-404</u> .
1033	[ <del>(13)</del> ] <u>(19)</u> "Governing body":
1034	(a) means the same as that term is defined in Section 11-42-102; and
1035	(b) for purposes of a "special service district" under Section 11-42-102, means a
1036	special service district that has been delegated the authority to select a provider under this
1037	chapter by the special service district's legislative body or administrative control board.
1038	[(14)] (20) "Interested party" means:
1039	(a) a licensed or designated emergency medical services provider that provides
1040	emergency medical services within or in an area that abuts an exclusive geographic service area
1041	that is the subject of an application submitted pursuant to [Part 4, Ambulance and Paramedic
1042	Providers] Part 5, Ambulance and Paramedic Providers;
1043	(b) any municipality, county, or fire district that lies within or abuts a geographic
1044	service area that is the subject of an application submitted pursuant to [Part 4, Ambulance and
1045	Paramedic Providers] Part 5, Ambulance and Paramedic Providers; or
1046	(c) the department when acting in the interest of the public.
1047	[(15)] (21) "Level of service" means the level at which an ambulance provider type of
1048	service is licensed as:

1049	(a) emergency medical technician;
1050	(b) advanced emergency medical technician; or
1051	(c) paramedic.
1052	[(16)] (22) "Medical control" means a person who provides medical supervision to an
1053	emergency medical service provider.
1054	[(17)] (23) "Non-911 service" means transport of a patient that is not 911 transport
1055	under Subsection (1).
1056	[(18)] (24) "Nonemergency secured behavioral health transport" means an entity that:
1057	(a) provides nonemergency secure transportation services for an individual who:
1058	(i) is not required to be transported by an ambulance under Section [26-8a-305]
1059	<u>53-2d-405</u> ; and
1060	(ii) requires behavioral health observation during transport between any of the
1061	following facilities:
1062	(A) a licensed acute care hospital;
1063	(B) an emergency patient receiving facility;
1064	(C) a licensed mental health facility; and
1065	(D) the office of a licensed health care provider; and
1066	(b) is required to be designated under Section [ <del>26-8a-303</del> ] <del>53-2d-403</del> .
1067	[(19)] (25) "Paramedic provider" means an entity that:
1068	(a) employs emergency medical service personnel; and
1069	(b) is required to obtain a license under [Part 4, Ambulance and Paramedic Providers]
1070	Part 5, Ambulance and Paramedic Providers.
1071	[(20)] (26) "Patient" means an individual who, as the result of illness, injury, or a
1072	behavioral emergency condition, meets any of the criteria in Section 26-8a-305.
1073	[ <del>(21)</del> ] <u>(27)</u> "Political subdivision" means:
1074	(a) a city, town, or metro township;
1075	(b) a county;
1076	(c) a special service district created under Title 17D, Chapter 1, Special Service
1077	District Act, for the purpose of providing fire protection services under Subsection
1078	17D-1-201(9);
1079	(d) a local district created under Title 17B, Limited Purpose Local Government Entities

1080	- Local Districts, for the purpose of providing fire protection, paramedic, and emergency
1081	services;
1082	(e) areas coming together as described in Subsection [ <del>26-8a-405.2(2)(b)(ii);</del> ]
1083	<u>53-2d-505.2(2)(b)(ii);</u> or
1084	(f) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act.
1085	(28) "Sudden cardiac arrest" means a life-threatening condition that results when a
1086	person's heart stops or fails to produce a pulse.
1087	[(22)] (29) "Trauma" means an injury requiring immediate medical or surgical
1088	intervention.
1089	$\left[\frac{(23)}{(30)}\right]$ "Trauma system" means a single, statewide system that:
1090	(a) organizes and coordinates the delivery of trauma care within defined geographic
1091	areas from the time of injury through transport and rehabilitative care; and
1092	(b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in
1093	delivering care for trauma patients, regardless of severity.
1094	$[\frac{(24)}{(31)}]$ "Triage" means the sorting of patients in terms of disposition, destination,
1095	or priority. For prehospital trauma victims, triage requires a determination of injury severity to
1096	assess the appropriate level of care according to established patient care protocols.
1097	$\left[\frac{(25)}{(32)}\right]$ "Triage, treatment, transportation, and transfer guidelines" means written
1098	procedures that:
1099	(a) direct the care of patients; and
1100	(b) are adopted by the medical staff of an emergency patient receiving facility, trauma
1101	center, or an emergency medical service provider.
1102	[(26)] (33) "Type of service" means the category at which an ambulance provider is
1103	licensed as:
1104	(a) ground ambulance transport;
1105	(b) ground ambulance interfacility transport; or
1106	(c) both ground ambulance transport and ground ambulance interfacility transport.
1107	Section 20. Section <b>53-2d-102</b> is enacted to read:
1108	53-2d-102. Bureau of Emergency Medical Services Creation Bureau chief
1109	appointment, qualifications, and compensation.
1110	(1) There is created within the $\hat{S} \rightarrow [\underline{\text{division}}]$ <b>department</b> $\leftarrow \hat{S}$ the Bureau of Emergency
1110a	Medical Services.

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1111	(2) The bureau shall be administered by a bureau chief appointed by the $\hat{S} \rightarrow [\underline{division}]$
1112	director with the approval of the $\hat{S}$ commissioner.
1113	(3) The bureau chief shall be experienced in administration and possess additional
1114	qualifications as determined by the $\hat{S} \rightarrow [\underline{\text{division director}}]$ commissioner $\leftarrow \hat{S}$ and as provided by
1114a	<u>law.</u>
1115	(4) The bureau chief acts under the supervision and control of the $\hat{S} \rightarrow [\frac{\text{division director}}{\text{division director}}]$
1115a	<u>commissioner</u> $\leftarrow \hat{S}$ <u>and</u>
1116	may be removed from the position at the will of the commissioner.
1117	(5) The bureau chief shall receive compensation as provided by Title 63A, Chapter 17,
1118	Utah State Personnel Management Act.
1119	Section 21. Section 53-2d-103, which is renumbered from Section 26-8a-105 is
1120	renumbered and amended to read:
1121	[ <del>26-8a-105</del> ]. <u>53-2d-103.</u> Bureau duties Data sharing.
1122	(1) The [department] bureau shall:
1123	[(1)] (a) coordinate the emergency medical services within the state;
1124	[(2)] (b) [administer this chapter and the rules established pursuant to it;] administer
1125	any programs and applicable rules created under this chapter;
1126	[(3)] (c) establish a voluntary task force representing a diversity of emergency medical
1127	service providers to advise the [department] bureau and the committee on rules;
1128	[(4)] (d) establish an emergency medical service personnel peer review board to advise
1129	the [department] bureau concerning discipline of emergency medical service personnel under
1130	this chapter; and
1131	[(5)] (e) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative
1132	Rulemaking Act, to:
1133	[(a)] (i) license ambulance providers and paramedic providers;
1134	[(b)] (ii) permit ambulances, emergency medical response vehicles, and nonemergency
1135	secured behavioral health transport vehicles, including approving an emergency vehicle
1136	operator's course in accordance with Section [ <del>26-8a-304</del> ] <u>53-2d-404</u> ;
1137	[ <del>(c)</del> ] <u>(iii)</u> establish:
1138	[(i)] (A) the qualifications for membership of the peer review board created by this
1139	section;
1140	[(ii)] (B) a process for placing restrictions on a license while an investigation is
1141	pending;

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1142	[(iii)] (C) the process for the investigation and recommendation by the peer review
1143	board; and
1144	[(iv)] (D) the process for determining the status of a license while a peer review board
1145	investigation is pending;
1146	[(d)] (iv) establish application, submission, and procedural requirements for licenses,
1147	designations, and permits; and
1148	[(e)] (v) establish and implement the programs, plans, and responsibilities as specified
1149	in other sections of this chapter.
1150	(2) (a) The bureau shall share data related to the bureau's duties with the Department of
1151	Health and Human Services.
1152	(b) The Department of Health and Human Services shall share data related to the
1153	bureau's duties with the bureau.
1154	(c) All data collected by the bureau under this chapter is subject to Title 26, Chapter 3,
1155	Health Statistics, including data privacy protections.
1156	Section 22. Section 53-2d-104, which is renumbered from Section 26-8a-103 is
1157	renumbered and amended to read:
1158	[ <del>26-8a-103</del> ]. <u>53-2d-104.</u> State Emergency Medical Services Committee
1159	Membership Expenses.
1160	(1) [The] There is created the State Emergency Medical Services Committee [created
1161	by Section 26B-1-204 shall].
1162	(2) The committee shall be composed of the following 19 members appointed by the
1163	governor, at least six of whom shall reside in a county of the third, fourth, fifth, or sixth class:
1164	(a) five physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or
1165	Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, as follows:
1166	(i) one surgeon who actively provides trauma care at a hospital;
1167	(ii) one rural physician involved in emergency medical care;
1168	(iii) two physicians who practice in the emergency department of a general acute
1169	hospital; and
1170	(iv) one pediatrician who practices in the emergency department or critical care unit of
1171	a general acute hospital or a children's specialty hospital;
1172	(b) two representatives from private ambulance providers;

1173	(c) one representative from an ambulance provider that is neither privately owned nor
1174	operated by a fire department;
1175	(d) two chief officers from fire agencies operated by the following classes of licensed
1176	or designated emergency medical services providers: municipality, county, and fire district,
1177	provided that no class of medical services providers may have more than one representative
1178	under this Subsection $[\frac{(1)(d)}{(2)(d)}]$ ;
1179	(e) one director of a law enforcement agency that provides emergency medical
1180	services;
1181	(f) one hospital administrator;
1182	(g) one emergency care nurse;
1183	(h) one paramedic in active field practice;
1184	(i) one emergency medical technician in active field practice;
1185	(j) one certified emergency medical dispatcher affiliated with an emergency medical
1186	dispatch center;
1187	(k) one licensed mental health professional with experience as a first responder;
1188	(l) one licensed behavioral emergency services technician; and
1189	(m) one consumer.
1190	[(2)] (a) Except as provided in Subsection $[(2)(b)]$ (3)(b), members shall be
1191	appointed to a four-year term beginning July 1.
1192	(b) Notwithstanding Subsection [(2)(a),] (3)(a), the governor:
1193	(i) shall, at the time of appointment or reappointment, adjust the length of terms to
1194	ensure that the terms of committee members are staggered so that approximately half of the
1195	committee is appointed every two years;
1196	(ii) may not reappoint a member for more than two consecutive terms; and
1197	(iii) shall:
1198	(A) initially appoint the second member under Subsection [(1)(b)] (2)(b) from a
1199	different private provider than the private provider currently serving under Subsection [(1)(b)]
1200	(2)(b); and
1201	(B) thereafter stagger each replacement of a member in Subsection [(1)(b)] (2)(b) so
1202	that the member positions under Subsection [(1)(b)] (2)(b) are not held by representatives of
1203	the same private provider.

1204 (c) When a vacancy occurs in the membership for any reason, the replacement shall be 1205 appointed by the governor for the unexpired term. 1206 [<del>(3)</del>] (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. 1207 1208 (ii) The committee may organize standing or ad hoc subcommittees, which shall 1209 operate in accordance with guidelines established by the committee. 1210 (b) (i) The chair shall convene a minimum of four meetings per year. 1211 (ii) The chair may call special meetings. 1212 (iii) The chair shall call a meeting upon request of five or more members of the 1213 committee. 1214 (c) (i) Nine members of the committee constitute a quorum for the transaction of 1215 business. 1216 (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, 1217 1218 but may receive per diem and travel expenses in accordance with: 1219 (a) Section 63A-3-106; (b) Section 63A-3-107; and 1220 (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 1221 1222 63A-3-107. [(5)] (6) Administrative services for the committee shall be provided by the 1223 1224 [department] bureau. 1225 Section 23. Section 53-2d-105, which is renumbered from Section 26-8a-104 is 1226 renumbered and amended to read: 1227  $[\frac{26-8a-104}{}].$ 53-2d-105. Committee advisory duties. 1228 The committee shall adopt rules, with the concurrence of the [department] bureau, in 1229 accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that: 1230 (1) establish licensure, certification, and reciprocity requirements under Section 1231 [<del>26-8a-302</del>] 53-2d-402; 1232 (2) establish designation requirements under Section [26-8a-303] 53-2d-403; (3) promote the development of a statewide emergency medical services system under 1233 1234 Section [<del>26-8a-203</del>] 53-2d-403;

1235	(4) establish insurance requirements for ambulance providers;
1236	(5) provide guidelines for requiring patient data under Section [ <del>26-8a-203</del> ] <u>53-2d-203</u> ;
1237	(6) establish criteria for awarding grants under Section [ <del>26-8a-207</del> ] <u>53-2d-207</u> ;
1238	(7) establish requirements for the coordination of emergency medical services and the
1239	medical supervision of emergency medical service providers under Section [26-8a-306]
1240	<u>53-2d-403</u> ;
1241	(8) select appropriate vendors to establish certification requirements for emergency
1242	medical dispatchers;
1243	(9) establish the minimum level of service for 911 ambulance services provided under
1244	Section 11-48-103; and
1245	(10) are necessary to carry out the responsibilities of the committee as specified in
1246	other sections of this chapter.
1247	Section 24. Section 53-2d-106, which is renumbered from Section 26-8a-106 is
1248	renumbered and amended to read:
1249	[ <del>26-8a-106</del> ]. <u>53-2d-106.</u> Waiver of rules, education, and licensing
1250	requirements.
1251	(1) Upon application, the [department] bureau, or the committee with the concurrence
1252	of the [department] bureau, may waive the requirements of a rule the [department] bureau, or
1253	the committee with the concurrence of the [department] bureau, has adopted if:
1254	(a) the person applying for the waiver satisfactorily demonstrates that:
1255	(i) the waiver is necessary for a pilot project to be undertaken by the applicant;
1256	(ii) in the particular situation, the requirement serves no beneficial public purpose; or
1257	(iii) circumstances warrant that waiver of the requirement outweighs the public benefit
1258	to be gained by adherence to the rule; and
1259	(b) for a waiver granted under Subsection (1)(a)(ii) or (iii):
1260	(i) the committee or [department] bureau extends the waiver to similarly situated
1261	persons upon application; or
1262	(ii) the [department] bureau, or the committee with the concurrence of the [department
1263	bureau, amends the rule to be consistent with the waiver.
1264	(2) A waiver of education or licensing requirements may be granted to a veteran, as
1265	defined in Section 68-3-12.5 if the veteran:

1266	(a) provides to the committee or [department] bureau documentation showing military
1267	education and training in the field in which licensure is sought; and
1268	(b) successfully passes any examination required.
1269	(3) No waiver may be granted under this section that is inconsistent with the provisions
1270	of this chapter.
1271	Section 25. Section 53-2d-107, which is renumbered from Section 26-8a-107 is
1272	renumbered and amended to read:
1273	[ <del>26-8a-107</del> ]. <u>53-2d-107.</u> Air Ambulance Committee Membership
1274	Duties.
1275	(1) [The] There is created the Air Ambulance Committee [created by Section
1276	26B-1-204 shall be composed of the following members:].
1277	(2) The Air Ambulance Committee is composed of the following members:
1278	(a) the state emergency medical services medical director;
1279	(b) one physician who:
1280	(i) is licensed under:
1281	(A) Title 58, Chapter 67, Utah Medical Practice Act;
1282	(B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or
1283	(C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
1284	(ii) actively provides trauma or emergency care at a Utah hospital; and
1285	(iii) has experience and is actively involved in state and national air medical transport
1286	issues;
1287	(c) one member from each level 1 and level 2 trauma center in the state of Utah,
1288	selected by the trauma center the member represents;
1289	(d) one registered nurse who:
1290	(i) is licensed under Title 58, Chapter 31b, Nurse Practice Act; and
1291	(ii) currently works as a flight nurse for an air medical transport provider in the state of
1292	Utah;
1293	(e) one paramedic who:
1294	(i) is licensed under this chapter; and
1295	(ii) currently works for an air medical transport provider in the state of Utah; and
1296	(f) two members, each from a different for-profit air medical transport company

1297	operating in the state of Utah.
1298	[(2)] (3) The state emergency medical services medical director shall appoint the
1299	physician member under Subsection [(1)(b)] (2)(b), and the physician shall serve as the chair of
1300	the Air Ambulance Committee.
1301	[ <del>(3)</del> ] (4) The chair of the Air Ambulance Committee shall:
1302	(a) appoint the Air Ambulance Committee members under Subsections [(1)(c)] (2)(c)
1303	through (f);
1304	(b) designate the member of the Air Ambulance Committee to serve as the vice chair
1305	of the committee; and
1306	(c) set the agenda for Air Ambulance Committee meetings.
1307	[(4)] (5) (a) Except as provided in Subsection $[(4)(b)]$ (5)(b), members shall be
1308	appointed to a two-year term.
1309	(b) Notwithstanding Subsection [(4)(a)] (5)(a), the Air Ambulance Committee chair
1310	shall, at the time of appointment or reappointment, adjust the length of the terms of committee
1311	members to ensure that the terms of the committee members are staggered so that
1312	approximately half of the committee is reappointed every two years.
1313	[(5)] (6) (a) A majority of the members of the Air Ambulance Committee constitutes a
1314	quorum.
1315	(b) The action of a majority of a quorum constitutes the action of the Air Ambulance
1316	Committee.
1317	[ <del>(6)</del> ] (7) The Air Ambulance Committee shall, before November 30, 2019, and before
1318	November 30 of every odd-numbered year thereafter, provide recommendations to the Health
1319	and Human Services Interim Committee regarding the development of state standards and
1320	requirements related to:
1321	(a) air medical transport provider licensure and accreditation;
1322	(b) air medical transport medical personnel qualifications and training; and
1323	(c) other standards and requirements to ensure patients receive appropriate and
1324	high-quality medical attention and care by air medical transport providers operating in the state
1325	of I Itah

 $[\frac{7}{2}]$  (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

1328	Insurance Department, that includes the following information for each air medical transport
1329	provider that operates in the state:
1330	(i) which health insurers in the state the air medical transport provider contracts with;
1331	(ii) if sufficient data is available to the [committee] Air Ambulance Committee, the
1332	average charge for air medical transport services for a patient who is uninsured or out of
1333	network; and
1334	(iii) whether the air medical transport provider balance bills a patient for any charge
1335	not paid by the patient's health insurer.
1336	(b) When calculating the average charge under Subsection [(7)(a)(ii)] (8)(a)(iii), the
1337	[committee] Air Ambulance Committee shall distinguish between:
1338	(i) a rotary wing provider and a fixed wing provider; and
1339	(ii) any other differences between air medical transport service providers that may
1340	substantially affect the cost of the air medical transport service, as determined by the
1341	[committee] Air Ambulance Committee.
1342	(c) The [department] bureau shall:
1343	(i) post the [committee's] Air Ambulance Committee's findings under Subsection
1344	[(7)(a)] (8)(a) on the [department's] bureau's website; and
1345	(ii) send the [committee's] Air Ambulance Committee's findings under Subsection
1346	[(7)(a)] (8)(a) to each emergency medical service provider, health care facility, and other entity
1347	that has regular contact with patients in need of air medical transport provider services.
1348	[ <del>(8)</del> ] <u>(9)</u> An Air Ambulance Committee member may not receive compensation,
1349	benefits, per diem, or travel expenses for the member's service on the [committee] Air
1350	Ambulance Committee.
1351	[ <del>(9)</del> ] <u>(10)</u> The Office of the Attorney General shall provide staff support to the Air
1352	Ambulance Committee.
1353	[(10)] (11) The Air Ambulance Committee shall report to the Health and Human
1354	Services Interim Committee before November 30, 2023, regarding the sunset of this section in
1355	accordance with Section 63I-2-226.
1356	Section 26. Section 53-2d-108, which is renumbered from Section 26-8a-108 is
1357	renumbered and amended to read:
1358	[ <del>26-8a-108</del> ]. <u>53-2d-108.</u> Emergency Medical Services System Account.

1359	(1) There is created within the General Fund a restricted account known as the
1360	Emergency Medical Services System Account.
1361	(2) The account consists of:
1362	(a) interest earned on the account;
1363	(b) appropriations made by the Legislature; and
1364	(c) contributions deposited into the account in accordance with Section 41-1a-230.7.
1365	(3) The [department] bureau shall use:
1366	(a) an amount equal to 25% of the money in the account for administrative costs
1367	related to this chapter;
1368	(b) an amount equal to 75% of the money in the account for grants awarded in
1369	accordance with Subsection [ <del>26-8a-207(3);</del> ] <u>53-2d-207(3);</u> and
1370	(c) all money received from the revenue source in Subsection (2)(c) for grants awarded
1371	in accordance with Subsection $[\frac{26-8a-207(3)}{3}] = \frac{53-2d-207(3)}{3}$ .
1372	Section 27. Section 53-2d-201, which is renumbered from Section 26-8a-201 is
1373	renumbered and amended to read:
1374	Part 2. Programs, Plans, and Duties
1375	[ <del>26-8a-201</del> ]. <u>53-2d-201.</u> Public awareness efforts.
1376	The [department] bureau may:
1377	(1) develop programs to inform the public of the emergency medical service system;
1378	and
1379	(2) develop and disseminate emergency medical training programs for the public,
1380	which emphasize the prevention and treatment of injuries and illnesses.
1381	Section 28. Section 53-2d-202, which is renumbered from Section 26-8a-202 is
1382	renumbered and amended to read:
1383	[ <del>26-8a-202</del> ]. <u>53-2d-202.</u> Emergency medical communications.
1384	Consistent with federal law, the [department] bureau is the lead agency for coordinating
1385	the statewide emergency medical service communication systems under which emergency
1386	medical personnel, dispatch centers, and treatment facilities provide medical control and
1387	coordination between emergency medical service providers.
1388	Section 29. Section 53-2d-203, which is renumbered from Section 26-8a-203 is
1389	renumbered and amended to read:

1390	[20-6a-205]. Sata confection.
1391	(1) The committee shall specify the information that shall be collected for the
1392	emergency medical services data system established pursuant to Subsection (2).
1393	(2) (a) The [department] bureau shall establish an emergency medical services data
1394	system, which shall provide for the collection of information, as defined by the committee,
1395	relating to the treatment and care of patients who use or have used the emergency medical
1396	services system.
1397	(b) The committee shall coordinate with the Health Data Authority created in <u>Title 26</u> ,
1398	Chapter 33a, Utah Health Data Authority Act, to create a report of data collected by the Health
1399	Data Committee under Section 26-33a-106.1 regarding:
1400	(i) appropriate analytical methods;
1401	(ii) the total amount of air ambulance flight charges in the state for a one-year period;
1402	and
1403	(iii) of the total number of flights in a one-year period under Subsection (2)(b)(ii):
1404	(A) the number of flights for which a patient had no personal responsibility for paying
1405	part of the flight charges;
1406	(B) the number of flights for which a patient had personal responsibility to pay all or
1407	part of the flight charges;
1408	(C) the range of flight charges for which patients had personal responsibility under
1409	Subsection (2)(b)(iii)(B), including the median amount for paid patient personal responsibility;
1410	and
1411	(D) the name of any air ambulance provider that received a median paid amount for
1412	patient responsibility in excess of the median amount for all paid patient personal responsibility
1413	during the reporting year.
1414	(c) The [department] bureau may share, with the [Department of Public Safety]
1415	department, information from the emergency medical services data system that:
1416	(i) relates to traffic incidents; and
1417	(ii) is for the improvement of traffic safety[;].
1418	[(iii) may not be used for the prosecution of criminal matters; and]
1419	[(iv) may not include any personally identifiable information.]
1420	(d) Information shared under Subsection (2)(c) may not:

1421	(i) be used for the prosecution of criminal matters; or
1422	(ii) include any personally identifiable information.
1423	(3) (a) On or before October 1, the department shall make the information in
1424	Subsection (2)(b) public and send the information in Subsection (2)(b) to public safety
1425	dispatchers and first responders in the state.
1426	(b) Before making the information in Subsection (2)(b) public, the committee shall
1427	provide the air ambulance providers named in the report with the opportunity to respond to the
1428	accuracy of the information in the report under Section 26-33a-107.
1429	(4) Persons providing emergency medical services:
1430	(a) shall provide information to the department for the emergency medical services
1431	data system established pursuant to Subsection (2)(a);
1432	(b) are not required to provide information to the department under Subsection (2)(b);
1433	and
1434	(c) may provide information to the department under Subsection (2)(b) or (3)(b).
1435	Section 30. Section 53-2d-204, which is renumbered from Section 26-8a-204 is
1436	renumbered and amended to read:
1437	[26-8a-204]. 53-2d-204. Disaster coordination plan.
1438	The [department] bureau shall develop and implement, in cooperation with state,
1439	federal, and local agencies empowered to oversee disaster response activities, plans to provide
1440	emergency medical services during times of disaster or emergency.
1441	Section 31. Section 53-2d-205, which is renumbered from Section 26-8a-205 is
1442	renumbered and amended to read:
1443	[ <del>26-8a-205</del> ]. <u>53-2d-205.</u> Pediatric quality improvement program.
1444	The [department] bureau shall establish a pediatric quality improvement resource
1445	program.
1446	
1446	Section 32. Section 53-2d-206, which is renumbered from Section 26-8a-206 is
1447	Section 32. Section <b>53-2d-206</b> , which is renumbered from Section 26-8a-206 is renumbered and amended to read:
1447	renumbered and amended to read:
1447 1448	renumbered and amended to read:  [26-8a-206]. 53-2d-206. Personnel stress management program.

(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:
<ul> <li>(b) critical incident stress debriefing for personnel at no cost to the emergency provider; and</li> <li>(c) advising the department on training requirements for licensure as a behavioral emergency services technician.</li> <li>Section 33. Section 53-2d-207, which is renumbered from Section 26-8a-207 is renumbered and amended to read:</li> </ul>
provider; and  (c) advising the department on training requirements for licensure as a behavioral emergency services technician.  Section 33. Section <b>53-2d-207</b> , which is renumbered from Section 26-8a-207 is renumbered and amended to read:
(c) advising the department on training requirements for licensure as a behavioral emergency services technician.  Section 33. Section <b>53-2d-207</b> , which is renumbered from Section 26-8a-207 is renumbered and amended to read:
emergency services technician.  Section 33. Section <b>53-2d-207</b> , which is renumbered from Section 26-8a-207 is renumbered and amended to read:
Section 33. Section <b>53-2d-207</b> , which is renumbered from Section 26-8a-207 is renumbered and amended to read:
renumbered and amended to read:
[26 9a 207] 52 2d 207 Emangement Medical Couries a Chart Program
[ <del>26-8a-207</del> ]. <u>53-2d-207.</u> 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).
(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.

1483	(c) Subject to Subsections (3)(d) through (f), the committee shall use the remaining
1484	grant funds to award competitive grants to licensed emergency medical services providers that
1485	provide emergency medical services within counties of the third through sixth class, in
1486	accordance with rules made by the committee.
1487	(d) A grant awarded under Subsection (3)(c) shall be used:
1488	(i) for the purchase of equipment, subject to Subsection (3)(e); or
1489	(ii) for the recruitment, training, or retention of licensed emergency medical services
1490	providers.
1491	(e) A recipient of a grant under Subsection (3)(c) may not use more than \$100,000 in
1492	grant proceeds for the purchase of vehicles.
1493	(f) A grant awarded for the purpose described in Subsection (3)(d)(ii) is ongoing for a
1494	period of up to three years.
1495	(g) (i) If, after providing grants under Subsections (3)(c) through (f), any grant funds
1496	are unallocated at the end of the fiscal year, the committee shall distribute the unallocated grant
1497	funds as per capita block grants as described in Subsection (3)(b).
1498	(ii) Any grant funds distributed as per capita grants under Subsection (3)(g)(i) are in
1499	addition to the amount described in Subsection (3)(b).
1500	Section 34. Section 53-2d-208, which is renumbered from Section 26-8a-208 is
1501	renumbered and amended to read:
1502	[ <del>26-8a-208</del> ]. <u>53-2d-208.</u> Fees for training equipment rental, testing, and
1503	quality assurance reviews.
1504	(1) The [department] bureau may charge fees, established pursuant to Section
1505	[ <del>26B-1-209</del> ] <u>63J-1-504</u> :
1506	(a) for the use of [department] bureau-owned training equipment;
1507	(b) to administer tests and conduct quality assurance reviews; and
1508	(c) to process an application for a designation, permit, or license.
1509	(2) (a) Fees collected under Subsections (1)(a) and (b) shall be separate dedicated
1510	credits.
1511	(b) Fees under Subsection (1)(a) may be used to purchase training equipment.
1512	(c) Fees under Subsection (1)(b) may be used to administer tests and conduct quality
1513	assurance reviews.

1514	Section 35. Section <b>53-2d-209</b> , which is renumbered from Section 26-8a-210 is		
1515	renumbered and amended to read:		
1516	[ <del>26-8a-210</del> ]. <u>53-2d-209.</u> Regional Emergency Medical Services Liaisons -		
1517	Qualifications Duties.		
1518	(1) As used in this section:		
1519	(a) "Liaison" means a regional emergency medical services liaison hired under this		
1520	section.		
1521	(b) "Rural county" means a county of the third, fourth, fifth, or sixth class.		
1522	(2) The [department] bureau shall hire five individuals to serve as regional emergency		
1523	medical services liaisons to:		
1524	(a) serve the needs of rural counties in providing emergency medical services in		
1525	accordance with this chapter;		
1526	(b) act as a liaison between the [department] bureau and individuals or entities		
1527	responsible for emergency medical services in rural counties, including:		
1528	(i) emergency medical services providers;		
1529	(ii) local officials; and		
1530	(iii) local health departments or agencies;		
1531	(c) provide support and training to emergency medical services providers in rural		
1532	counties;		
1533	(d) assist rural counties in utilizing state and federal grant programs for financing		
1534	emergency medical services; and		
1535	(e) serve as emergency medical service personnel to assist licensed providers with		
1536	ambulance staffing needs within rural counties.		
1537	(3) Each liaison hired under Subsection (2):		
1538	(a) shall reside in a rural county; and		
1539	(b) shall be licensed as:		
1540	(i) an advanced emergency medical technician as defined in Section [ <del>26-8c-102</del> ]		
1541	<u>53-2e-101</u> ; or		
1542	(ii) a paramedic as defined in Section [ $\frac{26-8c-102}{2}$ ] $\frac{53-2e-101}{2}$ .		
1543	(4) The department shall provide each liaison with a vehicle and other equipment in		
1544	accordance with rules established by the department.		

1545	Section 36. Section 53-2d-210, which is renumbered from Section 26-8a-211 is
1546	renumbered and amended to read:
1547	$[\frac{26-8a-211}{2}]$ . $\underline{53-2d-210}$ . Report.
1548	The [department] bureau shall report to the Health and Human Services Interim
1549	Committee before November 30, 2022, regarding:
1550	(1) the activities and accomplishments of the regional medical services liaisons hired
1551	under Section [ <del>26-8a-210</del> ] <u>53-2d-209</u> ;
1552	(2) the efficacy of the emergency medical services grant program established in Section
1553	[ <del>26-8a-207</del> ] <u>53-2d-207</u> , including grant distribution;
1554	(3) the condition of emergency medical services within the state, including emergency
1555	medical services provider response times and personnel numbers; and
1556	(4) the financial condition of the department, including department operational costs
1557	under this chapter.
1558	Section 37. Section 53-2d-211, which is renumbered from Section 26-8a-212 is
1559	renumbered and amended to read:
1560	[ <del>26-8a-212</del> ]. <u>53-2d-211.</u> Community paramedicine program.
1561	(1) A ground ambulance provider or a designated quick response provider, as
1562	designated in accordance with Section [ <del>26-8a-303</del> ] <u>53-2d-403</u> , may develop and implement a
1563	community paramedicine program.
1564	(2) (a) Before providing services, a community paramedicine program shall:
1565	(i) implement training requirements as determined by the committee; and
1566	(ii) submit a written community paramedicine operational plan to the [department]
1567	<u>bureau</u> that meets requirements established by the committee.
1568	(b) A community paramedicine program shall report data, as determined by the
1569	committee, related to community paramedicine to the [department] bureau.
1570	(3) A service provided as part of a community paramedicine program may not be billed
1571	to an individual or a health benefit plan as defined in Section 31A-1-301 unless:
1572	(a) the service is provided in partnership with a health care facility as defined in
1573	Section 26-21-2; and
1574	(b) the partnering health care facility is the person that bills the individual or health
1575	benefit plan.

1576	(4) Nothing in this section affects any billing authorized under Section [ <del>26-8a-403</del> ]		
1577	<u>53-2d-503</u> .		
1578	(5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and		
1579	Section 53-2d-105, the committee shall make rules to implement this section.		
1580	Section 38. Section 53-2d-301, which is renumbered from Section 26-8a-250 is		
1581	renumbered and amended to read:		
1582	Part 3. Statewide Trauma System		
1583	[ <del>26-8a-250</del> ]. <u>53-2d-301.</u> Establishment of statewide trauma system.		
1584	The [department] bureau shall establish and actively supervise a statewide trauma		
1585	system to:		
1586	(1) promote optimal care for trauma patients;		
1587	(2) alleviate unnecessary death and disability from trauma and emergency illness;		
1588	(3) inform health care providers about trauma system capabilities;		
1589	(4) encourage the efficient and effective continuum of patient care, including		
1590	prevention, prehospital care, hospital care, and rehabilitative care; and		
1591	(5) minimize the overall cost of trauma care.		
1592	Section 39. Section 53-2d-302, which is renumbered from Section 26-8a-251 is		
1593	renumbered and amended to read:		
1594	[ <del>26-8a-251</del> ]. <u>53-2d-302.</u> Trauma system advisory committee.		
1595	(1) There is created within the [department] bureau the trauma system advisory		
1596	committee.		
1597	(2) (a) The committee shall be comprised of individuals knowledgeable in adult or		
1598	pediatric trauma care, including physicians, physician assistants, nurses, hospital		
1599	administrators, emergency medical services personnel, government officials, consumers, and		
1600	persons affiliated with professional health care associations.		
1601	(b) Representation on the committee shall be broad and balanced among the health care		
1602	delivery systems in the state with no more than three representatives coming from any single		
1603	delivery system.		
1604	(3) The committee shall:		
1605	(a) advise the [department] bureau regarding trauma system needs throughout the state;		
1606	(b) assist the [department] bureau in evaluating the quality and outcomes of the overall		

1607	trauma system;
1608	(c) review and comment on proposals and rules governing the statewide trauma
1609	system; and
1610	(d) make recommendations for the development of statewide triage, treatment,
1611	transportation, and transfer guidelines.
1612	(4) The [department] bureau shall:
1613	(a) determine, by rule, the term and causes for removal of committee members;
1614	(b) establish committee procedures and administration policies consistent with this
1615	chapter and department rule; and
1616	(c) provide administrative support to the committee.
1617	Section 40. Section 53-2d-303, which is renumbered from Section 26-8a-252 is
1618	renumbered and amended to read:
1619	[ <del>26-8a-252</del> ]. <u>53-2d-303.</u> Department duties.
1620	In connection with the statewide trauma system established in Section [26-8a-250]
1621	53-2d-301, the [department] bureau shall:
1622	(1) establish a statewide trauma system plan that:
1623	(a) identifies statewide trauma care needs, objectives, and priorities;
1624	(b) identifies the equipment, facilities, personnel training, and other things necessary to
1625	create and maintain a statewide trauma system; and
1626	(c) organizes and coordinates trauma care within defined geographic areas;
1627	(2) support the statewide trauma system by:
1628	(a) facilitating the coordination of prehospital, acute care, and rehabilitation services
1629	and providers through state regulation and oversight;
1630	(b) facilitating the ongoing evaluation and refinement of the statewide trauma system;
1631	(c) providing educational programs;
1632	(d) encouraging cooperation between community organizations, health care facilities,
1633	public health officials, emergency medical service providers, and rehabilitation facilities for the
1634	development of a statewide trauma system;
1635	(e) implementing a quality assurance program using information from the statewide
1636	trauma registry established pursuant to Section [ <del>26-8a-253</del> ] <del>53-2d-304</del> ;
1637	(f) establishing trauma center designation requirements in accordance with Section

1638	$\left[\frac{26-8a-254}{53-2d-305}\right]$ ; and
1639	(g) developing standards so that:
1640	(i) trauma centers are categorized according to their capability to provide care;
1641	(ii) trauma victims are triaged at the initial point of patient contact; and
1642	(iii) trauma patients are sent to appropriate health care facilities.
1643	Section 41. Section 53-2d-304, which is renumbered from Section 26-8a-253 is
1644	renumbered and amended to read:
1645	[ <del>26-8a-253</del> ]. <u>53-2d-304.</u> Statewide trauma registry and quality assurance
1646	program.
1647	(1) The [department] bureau shall:
1648	(a) establish and fund a statewide trauma registry to collect and analyze information on
1649	the incidence, severity, causes, and outcomes of trauma;
1650	(b) establish, by rule, the data elements, the medical care providers that shall report,
1651	and the time frame and format for reporting;
1652	(c) use the data collected to:
1653	(i) improve the availability and delivery of prehospital and hospital trauma care;
1654	(ii) assess trauma care delivery, patient care outcomes, and compliance with the
1655	requirements of this chapter and applicable department rules; and
1656	(iii) regularly produce and disseminate reports to data providers, state government, and
1657	the public; and
1658	(d) support data collection and abstraction by providing:
1659	(i) a data collection system and technical assistance to each hospital that submits data;
1660	and
1661	(ii) funding or, at the discretion of the [department] bureau, personnel for collection
1662	and abstraction for each hospital not designated as a trauma center under the standards
1663	established pursuant to Section $\left[\frac{26-8a-254}{53-2d-305}\right]$ .
1664	(2) (a) Each hospital shall submit trauma data in accordance with rules established
1665	under Subsection (1).
1666	(b) A hospital designated as a trauma center shall submit data as part of the ongoing
1667	quality assurance program established in Section [ <del>26-8a-252</del> ] <u>53-2d-303</u> .
1668	(3) The department shall assess:

1669	(a) the effectiveness of the data collected pursuant to Subsection (1); and
1670	(b) the impact of the statewide trauma system on the provision of trauma care.
1671	(4) Data collected under this section shall be subject to <u>Title 26</u> , Chapter 3, Health
1672	Statistics.
1673	(5) No person may be held civilly liable for having provided data to the department in
1674	accordance with this section.
1675	Section 42. Section 53-2d-305, which is renumbered from Section 26-8a-254 is
1676	renumbered and amended to read:
1677	[ <del>26-8a-254</del> ]. <u>53-2d-305.</u> Trauma center designations and guidelines.
1678	(1) The [department] bureau, after seeking the advice of the trauma system advisory
1679	committee, shall establish by rule:
1680	(a) trauma center designation requirements; and
1681	(b) model state guidelines for triage, treatment, transportation, and transfer of trauma
1682	patients to the most appropriate health care facility.
1683	(2) The [department] bureau shall designate as a trauma center each hospital that:
1684	(a) voluntarily requests a trauma center designation; and
1685	(b) meets the applicable requirements established pursuant to Subsection (1).
1686	Section 43. Section 53-2d-401, which is renumbered from Section 26-8a-301 is
1687	renumbered and amended to read:
1688	Part 4. Certificates, Designations, Permits, and Licenses
1689	[ <del>26-8a-301</del> ]. <u>53-2d-401.</u> General requirement.
1690	(1) Except as provided in Section [ $\frac{26-8a-308}{53-2d-408}$ or [ $\frac{26-8b-201}{53-2d-801}$ :
1691	(a) an individual may not provide emergency medical services without a license or
1692	certification issued under Section [ <del>26-8a-302</del> ] <u>53-2d-402</u> ;
1693	(b) a facility or provider may not hold itself out as a designated emergency medical
1694	service provider or nonemergency secured behavioral health transport provider without a
1695	designation issued under Section [ <del>26-8a-303</del> ] <u>53-2d-403</u> ;
1696	(c) a vehicle may not operate as an ambulance, emergency response vehicle, or
1697	nonemergency secured behavioral health transport vehicle without a permit issued under
1698	Section [ <del>26-8a-304</del> ] <u>53-2d-404</u> ; and
1699	(d) an entity may not respond as an ambulance or paramedic provider without the

1700	appropriate license issued under [Part 4, Ambulance and Paramedic Providers] Part 5,
1701	Ambulance and Paramedic Providers.
1702	(2) Section $\left[\frac{26-8a-502}{53-2d-602}\right]$ applies to violations of this section.
1703	Section 44. Section 53-2d-402, which is renumbered from Section 26-8a-302 is
1704	renumbered and amended to read:
1705	[ <del>26-8a-302</del> ]. <u>53-2d-402.</u> Licensure of emergency medical service
1706	personnel.
1707	(1) To promote the availability of comprehensive emergency medical services
1708	throughout the state, the committee shall establish:
1709	(a) initial and ongoing licensure and training requirements for emergency medical
1710	service personnel in the following categories:
1711	(i) paramedic;
1712	(ii) advanced emergency medical services technician;
1713	(iii) emergency medical services technician;
1714	(iv) behavioral emergency services technician; and
1715	(v) advanced behavioral emergency services technician;
1716	(b) a method to monitor the certification status and continuing medical education hours
1717	for emergency medical dispatchers; and
1718	(c) guidelines for giving credit for out-of-state training and experience.
1719	(2) The [department] bureau shall, based on the requirements established in Subsection
1720	(1):
1721	(a) develop, conduct, and authorize training and testing for emergency medical service
1722	personnel;
1723	(b) issue a license and license renewals to emergency medical service personnel other
1724	than emergency medical dispatchers; and
1725	(c) verify the certification of emergency medical dispatchers.
1726	(3) The [department] bureau shall coordinate with local mental health authorities
1727	described in Section 17-43-301 to develop and authorize initial and ongoing licensure and
1728	training requirements for licensure as a:
1729	(a) behavioral emergency services technician; and
1730	(b) advanced behavioral emergency services technician.

1731	(4) As provided in Section [ <del>26-8a-502</del> ] <u>53-2d-602</u> , an individual issued a license or
1732	certified under this section may only provide emergency medical services to the extent allowed
1733	by the license or certification.
1734	(5) An individual may not be issued or retain a license under this section unless the
1735	individual obtains and retains background clearance under Section [ <del>26-8a-310</del> ] <u>53-2d-410</u> .
1736	(6) An individual may not be issued or retain a certification under this section unless
1737	the individual obtains and retains background clearance in accordance with Section
1738	[ <del>26-8a-310.5</del> ] <u>53-2d-410.5</u> .
1739	Section 45. Section 53-2d-403, which is renumbered from Section 26-8a-303 is
1740	renumbered and amended to read:
1741	[ <del>26-8a-303</del> ]. <u>53-2d-403.</u> Designation of emergency medical service
1742	providers and nonemergency secured behavioral health transport providers.
1743	(1) To ensure quality emergency medical services, the committee shall establish
1744	designation requirements for:
1745	(a) emergency medical service providers in the following categories:
1746	(i) quick response provider;
1747	(ii) resource hospital for emergency medical providers;
1748	(iii) emergency medical service dispatch center;
1749	(iv) emergency patient receiving facilities; and
1750	(v) other types of emergency medical service providers as the committee considers
1751	necessary; and
1752	(b) nonemergency secured behavioral health transport providers.
1753	(2) The [department] bureau shall, based on the requirements in Subsection (1), issue
1754	designations to emergency medical service providers and nonemergency secured behavioral
1755	health transport providers listed in Subsection (1).
1756	(3) As provided in Section $[\frac{26-8a-502}{53-2d-602}]$ , an entity issued a designation under
1757	Subsection (2) may only function and hold itself out in accordance with its designation.
1758	Section 46. Section 53-2d-404, which is renumbered from Section 26-8a-304 is
1759	renumbered and amended to read:
1760	[ <del>26-8a-304</del> ]. <u>53-2d-404.</u> Permits for emergency medical service vehicles
1761	and nonemergency secured behavioral health transport vehicles

- 1st Sub. (Green) S.B. 64 1762 (1) (a) To ensure that emergency medical service vehicles and nonemergency secured 1763 behavioral health transport vehicles are adequately staffed, safe, maintained, properly 1764 equipped, and safely operated, the committee shall establish permit requirements at levels it considers appropriate in the following categories: 1765 1766 (i) ambulance; 1767 (ii) emergency medical response vehicle; and (iii) nonemergency secured behavioral health transport vehicle. 1768 1769 (b) The permit requirements under Subsections (1)(a)(i) and (ii) shall include a 1770 requirement that beginning on or after January 31, 2014, every operator of an ambulance or 1771 emergency medical response vehicle annually provide proof of the successful completion of an 1772 emergency vehicle operator's course approved by the [department] bureau for all ambulances 1773 and emergency medical response vehicle operators. 1774 (2) The [department] bureau shall, based on the requirements established in Subsection 1775 (1), issue permits to emergency medical service vehicles and nonemergency secured behavioral 1776 health transport vehicles. 1777 Section 47. Section 53-2d-405, which is renumbered from Section 26-8a-305 is 1778 renumbered and amended to read: 1779 [26-8a-305]. 53-2d-405. Ambulance license required for emergency 1780 medical transport. 1781 Except as provided in Section [26-8a-308] 53-2d-408, only an ambulance operating 1782 under a permit issued under Section [<del>26-8a-304</del>] 53-2d-404 may transport an individual who: (1) is in an emergency medical condition; 1783

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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;
- 1790 (6) is receiving or has recently received medications that could cause a sudden change 1791 in medical condition that might require emergency medical services;
  - (7) requires IV administration or maintenance, oxygen that is not patient-operated, or

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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:

## [<del>26-8a-306</del>]. <u>53-2d-406.</u> 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:

## [<del>26-8a-307</del>]. 53-2d-407. Patient destination.

- (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:
- 1821 (a) hospital, emergency patient receiving facility, licensed mental health facility, or 1822 other medical provider chosen by the patient and approved by medical control as appropriate 1823 for the patient's condition and needs; or

1824	(b) nearest hospital, emergency patient receiving facility, licensed mental health			
1825	facility, or other medical provider approved by medical control as appropriate for the patient's			
1826	condition and needs if the patient expresses no preference.			
1827	Section 50. Section 53-2d-408, which is renumbered from Section 26-8a-308 is			
1828	renumbered and amended to read:			
1829	[ <del>26-8a-308</del> ]. <u>53-2d-408.</u> Exemptions.			
1830	(1) The following persons may provide emergency medical services to a patient			
1831	without being licensed under this chapter:			
1832	(a) out-of-state emergency medical service personnel and providers in time of disaster;			
1833	(b) an individual who gratuitously acts as a Good Samaritan;			
1834	(c) a family member;			
1835	(d) a private business if emergency medical services are provided only to employees at			
1836	the place of business and during transport;			
1837	(e) an agency of the United States government if compliance with this chapter would			
1838	be inconsistent with federal law; and			
1839	(f) police, fire, and other public service personnel if:			
1840	(i) emergency medical services are rendered in the normal course of the person's duties			
1841	and			
1842	(ii) medical control, after being apprised of the circumstances, directs immediate			
1843	transport.			
1844	(2) An ambulance or emergency response vehicle may operate without a permit issued			
1845	under Section [ <del>26-8a-304</del> ] <u>53-2d-404</u> in time of disaster.			
1846	(3) Nothing in this chapter or Title 58, Occupations and Professions, may be construed			
1847	as requiring a license for an individual to administer cardiopulmonary resuscitation or to use a			
1848	fully automated external defibrillator under Section [ <del>26-8b-201</del> ] <u>53-2d-801</u> .			
1849	(4) Nothing in this chapter may be construed as requiring a license, permit, or			
1850	designation for an acute care hospital, medical clinic, physician's office, or other fixed medical			
1851	facility that:			
1852	(a) is staffed by a physician, physician's assistant, nurse practitioner, or registered			
1853	nurse; and			

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

1855	clinic,	office,	or	facility

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

## [<del>26-8a-309</del>]. <u>53-2d-409.</u> 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] <u>bureau</u> 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:

## [<del>26-8a-310</del>]. <u>53-2d-410.</u> Background clearance for emergency medical service personnel.

- (1) Subject to Section [26-8a-310.5] 53-2d-410.5, the [department] <u>bureau</u> shall 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] <u>bureau</u> 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).
- 1883 (2) The [department] bureau shall determine whether to deny or revoke background clearance for individuals for whom the department has previously granted background clearance.

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1886	(3) The [department] bureau shall determine whether to grant, deny, or revoke
1887	background clearance for an individual based on an initial and ongoing evaluation of
1888	information the [department] bureau obtains under Subsections (5) and (11), which, at a
1889	minimum, shall include an initial criminal background check of state, regional, and national
1890	databases using the individual's fingerprints.
1891	(4) The [department] bureau shall make rules, in accordance with Title 63G, Chapter 3,
1892	Utah Administrative Rulemaking Act, that specify:
1893	(a) the criteria the [department] bureau will use under Subsection (3) to determine
1894	whether to grant, deny, or revoke background clearance; and
1895	(b) the other personal identification information an individual seeking licensure or
1896	certification under Section [ <del>26-8a-302</del> ] <u>53-2d-402</u> must submit under Subsection (1).
1897	(5) To determine whether to grant, deny, or revoke background clearance, the
1898	[department] bureau may access and evaluate any of the following:
1899	(a) Department of Public Safety arrest, conviction, and disposition records described in
1900	[Title 53, Chapter 10, Criminal Investigations and Technical Services Act] Chapter 10,
1901	Criminal Investigations and Technical Services Act, including information in state, regional,
1902	and national records files;
1903	(b) adjudications by a juvenile court of committing an act that if committed by an adult
1904	would be a felony or misdemeanor, if:
1905	(i) the applicant is under 28 years old; or
1906	(ii) the applicant:
1907	(A) is over 28 years old; and
1908	(B) has been convicted of, has pleaded no contest to, or is currently subject to a plea in
1909	abeyance or diversion agreement for a felony or misdemeanor;
1910	(c) juvenile court arrest, adjudication, and disposition records, other than those under
1911	Subsection (5)(b), as allowed under Section 78A-6-209;
1912	(d) child abuse or neglect findings described in Section 80-3-404;
1913	(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

(g) Division of Professional Licensing records of licensing and certification under Title

exploitation, described in Section 62A-3-311.1;

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1917 58, Occupations and Professions; 1918 (h) records in other federal criminal background databases available to the state; and 1919 (i) any other records of arrests, warrants for arrest, convictions, pleas in abevance. 1920 pending diversion agreements, or dispositions. 1921 (6) Except for the Department of Public Safety, an agency may not charge the 1922 [department] bureau for information accessed under Subsection (5). 1923 (7) When evaluating information under Subsection (3), the [department] bureau shall 1924 classify a crime committed in another state according to the closest matching crime under Utah 1925 law, regardless of how the crime is classified in the state where the crime was committed. 1926 (8) The [department] bureau shall adopt measures to protect the security of information 1927 the department accesses under Subsection (5), which shall include limiting access by 1928 department employees to those responsible for acquiring, evaluating, or otherwise processing 1929 the information. 1930 (9) The [department] bureau may disclose personal identification information the 1931 [department] bureau receives under Subsection (1) to the department to verify that the subject 1932 of the information is not identified as a perpetrator or offender in the information sources 1933 described in Subsections (5)(d) through (f). 1934 (10) The [department] bureau may charge fees, in accordance with Section 63J-1-504. 1935 to pay for: 1936 (a) the cost of obtaining, storing, and evaluating information needed under Subsection 1937 (3), both initially and on an ongoing basis, to determine whether to grant, deny, or revoke 1938 background clearance; and 1939 (b) other [department] bureau costs related to granting, denying, or revoking 1940 background clearance. 1941 (11) The Criminal Investigations and Technical Services Division within the 1942 Department of Public Safety shall: 1943 (a) retain, separate from other division records, personal information under Subsection 1944 (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;

1948	(ii) an arrest;
1949	(iii) a conviction, including a plea in abeyance; or
1950	(iv) a pending diversion agreement.
1951	(12) The [department] bureau shall use the Direct Access Clearance System database
1952	created under Section 26-21-209 to manage information about the background clearance status
1953	of each individual for whom the [department] bureau is required to make a determination under
1954	Subsection (1).
1955	(13) Clearance granted for an individual licensed or certified under Section
1956	[26-8a-302] 53-2d-402 is valid until two years after the day on which the individual is no
1957	longer licensed or certified in Utah as emergency medical service personnel.
1958	Section 53. Section 53-2d-410.5, which is renumbered from Section 26-8a-310.5 is
1959	renumbered and amended to read:
1960	[ <del>26-8a-310.5</del> ]. <u>53-2d-410.5.</u> Background check requirements for emergency
1961	medical dispatchers.
1962	An emergency medical dispatcher seeking certification under Section [ <del>26-8a-302</del> ]
1963	53-2d-402 shall undergo the background clearance process described in Section [26-8a-310]
1964	53-2d-410 unless the emergency medical dispatcher can demonstrate that the emergency
1965	medical dispatcher has received and currently holds an approved Department of Public Safety
1966	background clearance.
1967	Section 54. Section 53-2d-501, which is renumbered from Section 26-8a-401 is
1968	renumbered and amended to read:
1969	Part 5. Ambulance and Paramedic Providers
1970	[ <del>26-8a-401</del> ]. <u>53-2d-501.</u> State regulation of emergency medical services
1971	market License term.
1972	(1) To ensure emergency medical service quality and minimize unnecessary
1973	duplication, the [department] bureau shall regulate the emergency medical services market by
1974	creating and operating a statewide system that:
1975	(a) consists of exclusive geographic service areas as provided in Section [ <del>26-8a-402</del> ]
1976	<u>53-2d-502</u> ; and
1977	(b) establishes maximum rates as provided in Section [ <del>26-8a-403</del> ] <u>53-2d-503</u> .
1978	(2) A license issued or renewed under this part is valid for four years.

1979	Section 55. Section <b>53-2d-502</b> , which is renumbered from Section 26-8a-402 is
1980	renumbered and amended to read:
1981	[26-8a-402]. Since $53-2d-502$ . Exclusive geographic service areas.
1982	(1) (a) Each ground ambulance provider license issued under this part shall be for an
1983	exclusive geographic service area as described in the license.
1984	(b) Only the licensed ground ambulance provider may respond to an ambulance request
1985	that originates within the provider's exclusive geographic service area, except as provided in
1986	Subsection (5) and Section [ <del>26-8a-416</del> ] <u>53-2d-516</u> .
1987	(2) (a) Each paramedic provider license issued under this part shall be for an exclusive
1988	geographic service area as described in the license.
1989	(b) Only the licensed paramedic provider may respond to a paramedic request that
1990	originates within the exclusive geographic service area, except as provided in Subsection (6)
1991	and Section [ <del>26-8a-416</del> ] <u>53-2d-516</u> .
1992	(3) Nothing in this section may be construed as either requiring or prohibiting that the
1993	formation of boundaries in a given location be the same for a licensed paramedic provider and
1994	a licensed ambulance provider.
1995	(4) (a) A licensed ground ambulance or paramedic provider may, as necessary, enter
1996	into a mutual aid agreement to allow another licensed provider to give assistance in times of
1997	unusual demand, as that term is defined by the committee in rule.
1998	(b) A mutual aid agreement shall include a formal written plan detailing the type of
1999	assistance and the circumstances under which it would be given.
2000	(c) The parties to a mutual aid agreement shall submit a copy of the agreement to the
2001	department.
2002	(d) Notwithstanding this Subsection (4), a licensed provider may not subcontract with
2003	another entity to provide services in the licensed provider's exclusive geographic service area.
2004	(5) Notwithstanding Subsection (1), a licensed ground ambulance provider may
2005	respond to an ambulance request that originates from the exclusive geographic area of another
2006	provider:
2007	(a) pursuant to a mutual aid agreement;
2008	(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.

2010	(6) Notwithstanding Subsection (2), a licensed paramedic provider may respond to a
2011	paramedic request that originates from the exclusive geographic area of another provider:
2012	(a) pursuant to a mutual aid agreement;
2013	(b) to render assistance on a case-by-case basis to that provider; and
2014	(c) as necessary to meet needs in time of disaster or other major emergency.
2015	(7) The [department] bureau may, upon the renewal of a license, align the boundaries
2016	of an exclusive geographic area with the boundaries of a political subdivision:
2017	(a) if the alignment is practical and in the public interest;
2018	(b) if each licensed provider that would be affected by the alignment agrees to the
2019	alignment; and
2020	(c) taking into consideration the requirements of:
2021	(i) Section 11-48-103; and
2022	(ii) Section [ <del>26-8a-408</del> ] <u>53-2d-508</u> .
2023	Section 56. Section 53-2d-503, which is renumbered from Section 26-8a-403 is
2024	renumbered and amended to read:
2025	[26-8a-403]. Stablishment of maximum rates.
2026	(1) The [department] bureau shall, after receiving recommendations under Subsection
2027	(2), establish maximum rates for ground ambulance providers and paramedic providers that are
2028	just and reasonable.
2029	(2) The committee may make recommendations to the [department] bureau on the
2030	maximum rates that should be set under Subsection (1).
2031	(3) (a) The [department] bureau shall prohibit ground ambulance providers and
2032	paramedic providers from charging fees for transporting a patient when the provider does not
2033	transport the patient.
2034	(b) The provisions of Subsection (3)(a) do not apply to ambulance providers or
2035	paramedic providers in a geographic service area which contains a town as defined in
2036	Subsection 10-2-301(2)(f).
2037	Section 57. Section 53-2d-504, which is renumbered from Section 26-8a-404 is
2038	renumbered and amended to read:
2039	[ <del>26-8a-404</del> ]. <u>53-2d-504.</u> Ground ambulance and paramedic licenses
2040	Application and department review.

2041 (1) Except as provided in Section [26-8a-413] 53-2d-513, an applicant for a ground 2042 ambulance or paramedic license shall apply to the [department] bureau for a license only by: 2043 (a) submitting a completed application: 2044 (b) providing information in the format required by the department; and 2045 (c) paying the required fees, including the cost of the hearing officer. 2046 (2) The [department] bureau shall make rules establishing minimum qualifications and requirements for: 2047 2048 (a) personnel; 2049 (b) capital reserves; 2050 (c) equipment; 2051 (d) a business plan; 2052 (e) operational procedures; 2053 (f) medical direction agreements; 2054 (g) management and control; and 2055 (h) other matters that may be relevant to an applicant's ability to provide ground 2056 ambulance or paramedic service. 2057 (3) An application for a license to provide ground ambulance service or paramedic 2058 service shall be for all ground ambulance services or paramedic services arising within the 2059 geographic service area, except that an applicant may apply for a license for less than all 2060 ground ambulance services or all paramedic services arising within an exclusive geographic 2061 area if it can demonstrate how the remainder of that area will be served. 2062 (4) (a) A ground ambulance service licensee may apply to the [department] bureau for 2063 a license to provide a higher level of service as defined by [department] bureau rule if the 2064 application includes: 2065 (i) a copy of the new treatment protocols for the higher level of service approved by the 2066 off-line medical director; 2067 (ii) an assessment of field performance by the applicant's off-line director; and 2068 (iii) an updated plan of operation demonstrating the ability of the applicant to provide 2069 the higher level of service. 2070 (b) If the [department] bureau determines that the applicant has demonstrated the 2071 ability to provide the higher level of service in accordance with Subsection (4)(a), the

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- [department] <u>bureau</u> 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:
- 2089 [26-8a-405]. 53-2d-505. Ground ambulance and paramedic licenses -- 2090 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 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
- 2101 (b) (i) if the license holder is a private entity, a financial statement, a pro forma budget 2102 and necessary letters of credit demonstrating a financial ability to expand service to a new

2103	service area; or
2104	(ii) if the license holder is a governmental entity, a letter from the governmental entity's
2105	governing body demonstrating the governing body's willingness to financially support the
2106	application.
2107	Section 59. Section 53-2d-505.1, which is renumbered from Section 26-8a-405.1 is
2108	renumbered and amended to read:
2109	[ <del>26-8a-405.1</del> ]. <u>53-2d-505.1.</u> Selection of provider by political subdivision.
2110	(1) (a) Only an applicant approved under Section [26-8a-405] 53-2d-505.1 may
2111	respond to a request for a proposal issued in accordance with Section [26-8a-405.2]
2112	53-2d-505.2 or [Section 26-8a-405.4] 53-2d-505.4 by a political subdivision.
2113	(b) A response to a request for proposal is subject to the maximum rates established by
2114	the [department] bureau under Section [26-8a-403] 53-2d-503.
2115	(c) A political subdivision may award a contract to an applicant in response to a
2116	request for proposal:
2117	(i) in accordance with Section [ <del>26-8a-405.2</del> ] <u>53-2d-505.2</u> ; and
2118	(ii) subject to Subsections (2) and (3).
2119	(2) (a) The [department] bureau shall issue a license to an applicant selected by a
2120	political subdivision under Subsection (1) unless the [department] bureau finds that issuing a
2121	license to that applicant would jeopardize the health, safety, and welfare of the citizens of the
2122	geographic service area.
2123	(b) A license issued under this Subsection (2):
2124	(i) is for the exclusive geographic service area approved by the [department] bureau in
2125	accordance with Subsection $[\frac{26-8a-405.2(2)}{53-2d-505.2(2)};$
2126	(ii) is valid for four years;
2127	(iii) is not subject to a request for license from another applicant under the provisions
2128	of Sections $[26-8a-406]$ $\underline{53-2d-506}$ through $[26-8a-409]$ $\underline{53-2d-509}$ during the four-year term,
2129	unless the applicant's license is revoked under Section [ <del>26-8a-504</del> ] <u>53-2d-604</u> ;
2130	(iv) is subject to revocation or revision under Subsection (3)(d); and
2131	(v) is subject to supervision by the department under Sections $[\frac{26-8a-503}{53-2d-603}]$
2132	and [ <del>26-8a-504</del> ] <u>53-2d-604</u> .

(3) Notwithstanding Subsection (2)(b), a political subdivision may terminate a contract

2134	described in Subsection (1)(c), with or without cause, if:
2135	(a) the contract:
2136	(i) is entered into on or after May 5, 2021; and
2137	(ii) allows an applicant to provide 911 ambulance services;
2138	(b) the political subdivision provides written notice to the applicant described in
2139	Subsection (3)(a)(ii) and the [department] bureau:
2140	(i) at least 18 months before the day on which the contract is terminated; or
2141	(ii) within a period of time shorter than 18 months before the day on which the contract
2142	is terminated, if otherwise agreed to by the applicant and the department;
2143	(c) the political subdivision selects another applicant to provide 911 ambulance
2144	services for the political subdivision in accordance with Section [ <del>26-8a-405.2</del> ] <u>53-2d-505.2</u> ;
2145	(d) the [department] bureau:
2146	(i) revokes the license of the applicant described in Subsection (3)(a)(ii), or issues a
2147	new or revised license for the applicant described in Subsection (3)(a)(ii):
2148	(A) in order to remove the area that is subject to the contract from the applicant's
2149	exclusive geographic service area; and
2150	(B) to take effect the day on which the contract is terminated; and
2151	(ii) issues a new or revised license for the applicant described in Subsection (3)(c):
2152	(A) in order to allow the applicant to provide 911 ambulance services for the area
2153	described in Subsection (3)(d)(i)(A); and
2154	(B) to take effect the day on which the contract is terminated; and
2155	(e) the termination does not create an orphaned area.
2156	(4) Except as provided in Subsection [ <del>26-8a-405.3(4)(a),</del> ] <u>53-2d-505.3(4)(a)</u> the
2157	provisions of Sections [ <del>26-8a-406</del> ] <u>53-2d-506</u> through [ <del>26-8a-409</del> ] <u>53-2d-509</u> do not apply to a
2158	license issued under this section.
2159	Section 60. Section 53-2d-505.2, which is renumbered from Section 26-8a-405.2 is
2160	renumbered and amended to read:
2161	[ <del>26-8a-405.2</del> ]. <u>53-2d-505.2.</u> Selection of provider Request for competitive
2162	sealed proposal Public convenience and necessity.
2163	(1) (a) A political subdivision may contract with an applicant approved under Section
2164	[26-8a-404] 53-2d-504 to provide services for the geographic service area that is approved by

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- 2165 the department in accordance with Subsection (2), if: 2166 (i) the political subdivision complies with the provisions of this section and Section 2167 [26-8a-405.3] 53-2d-505.3 if the contract is for 911 ambulance or paramedic services; or 2168 (ii) the political subdivision complies with Sections [26-8a-405.3] 53-2d-505.3 and 2169 [26-8a-405.4] 53-2d-505.4, if the contract is for non-911 services. 2170 (b) (i) The provisions of this section and Sections  $\left[\frac{26-8a-405.1}{26-8a-405.1}\right]$  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 2171 2172 subdivision to issue a request for proposal for ambulance or paramedic services or non-911 2173 services. 2174 (ii) If a political subdivision does not contract with an applicant in accordance with this 2175 section and Section  $\left[\frac{26-8a-405.3}{26-8a-405.3}\right]$  53-2d-505.3, the provisions of Sections  $\left[\frac{26-8a-406}{26-8a-406}\right]$ 2176 53-2d-506 through [<del>26-8a-409</del>] 53-2d-509 apply to the issuance of a license for ambulance or 2177 paramedic services in the geographic service area that is within the boundaries of the political 2178 subdivision. 2179 (iii) If a political subdivision does not contract with an applicant in accordance with this section, Section [<del>26-8a-405.3</del>] 53-2d-505.3, and Section [<del>26-8a-405.4</del>] 53-2d-505.4, a 2180 license for the non-911 services in the geographic service area that is within the boundaries of 2181 2182 the political subdivision may be issued: 2183 (A) under the public convenience and necessity provisions of Sections [<del>26-8a-406</del>] 2184 53-2d-506 through [<del>26-8a-409</del>] 53-2d-509; or 2185 (B) by a request for proposal issued by the department under Section [26-8a-405.5]53-2d-505.5. 2186 2187 (c) (i) For purposes of this Subsection (1)(c): 2188 (A) "Fire district" means a local district under Title 17B, Limited Purpose Local 2189 Government Entities - Local Districts, that: 2190 (I) is located in a county of the first or second class; and
  - (C) "Participating county" means a county whose unincorporated area is partly or entirely included within a fire district.

(II) provides fire protection, paramedic, and emergency services.

included within a county service area or fire district.

(B) "Participating municipality" means a city or town whose area is partly or entirely

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- 2196 (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.

  2199 (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
  - (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

contract between the participating municipality or the participating county and the provider;

- (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  $\left[\frac{(2)(b)}{(2)(c)}\right]$  (2)(c) and  $\left[\frac{(c)}{(c)}\right]$  (d).
- 2216 [(b)] (c) The exclusive geographic service area may:
  - (i) include the entire geographic service area that is within the political subdivision's 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

2227	acceptable to the [department] bureau.
2228	(ii) The [department] bureau may consider the effect of the proposed geographic
2229	service area on the costs to the non-911 provider and that provider's ability to provide only
2230	non-911 services in the proposed area.
2231	Section 61. Section 53-2d-505.3, which is renumbered from Section 26-8a-405.3 is
2232	renumbered and amended to read:
2233	[26-8a-405.3]. See of competitive sealed proposals
2234	Procedure Appeal rights.
2235	(1) (a) Competitive sealed proposals for paramedic or 911 ambulance services under
2236	Section [ <del>26-8a-405.2</del> ] <u>53-2d-505.2</u> , or for non-911 services under Section [ <del>26-8a-405.4</del> ]
2237	53-2d-505.4, shall be solicited through a request for proposal and the provisions of this section
2238	(b) The governing body of the political subdivision shall approve the request for
2239	proposal prior to the notice of the request for proposals under Subsection (1)(c).
2240	(c) Notice of the request for proposals shall be published:
2241	(i) by posting the notice for at least 20 days in at least five public places in the county;
2242	and
2243	(ii) by posting the notice on the Utah Public Notice Website, created in Section
2244	63A-16-601, for at least 20 days.
2245	(2) (a) Proposals shall be opened so as to avoid disclosure of contents to competing
2246	offerors during the process of negotiations.
2247	(b) (i) Subsequent to the published notice, and prior to selecting an applicant, the
2248	political subdivision shall hold a presubmission conference with interested applicants for the
2249	purpose of assuring full understanding of, and responsiveness to, solicitation requirements.
2250	(ii) A political subdivision shall allow at least 90 days from the presubmission
2251	conference for the proposers to submit proposals.
2252	(c) (i) Subsequent to the presubmission conference, the political subdivision may issue
2253	addenda to the request for proposals.
2254	(ii) An [addenda] addendum to a request for proposal shall be finalized and posted by
2255	the political subdivision at least 45 days before the day on which the proposal must be
2256	submitted.

(d) Offerors to the request for proposals shall be accorded fair and equal treatment with

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- 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;
  - (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
- 2283 (ii) mandating that offerors use fire stations or dispatch services of the political subdivision;
  - (d) shall require an applicant to submit the proposal:
- 2286 (i) based on full cost accounting in accordance with generally accepted accounting principals; and
- 2288 (ii) if the applicant is a governmental entity, in addition to the requirements of

2289	Subsection (4)(e)(i), in accordance with generally accepted government auditing standards and
2290	in compliance with the State of Utah Legal Compliance Audit Guide; and
2291	(e) shall set forth in the request for proposal:
2292	(i) the method for determining full cost accounting in accordance with generally
2293	accepted accounting principles, and require an applicant to submit the proposal based on such
2294	full cost accounting principles;
2295	(ii) guidelines established to further competition and provider accountability; and
2296	(iii) a list of the factors that will be considered by the political subdivision in the award
2297	of the contract, including by percentage, the relative weight of the factors established under this
2298	Subsection (4)(e), which may include such things as:
2299	(A) response times;
2300	(B) staging locations;
2301	(C) experience;
2302	(D) quality of care; and
2303	(E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).
2304	(5) (a) Notwithstanding any provision of Title 63G, Chapter 6a, Utah Procurement
2305	Code, to the contrary, the provisions of Title 63G, Chapter 6a, Utah Procurement Code, apply
2306	to the procurement process required by this section, except as provided in Subsection (5)(c).
2307	(b) A procurement appeals panel described in Section 63G-6a-1702 shall have
2308	jurisdiction to review and determine an appeal of an offeror under this section.
2309	(c) (i) (A) An offeror may appeal the solicitation or award as provided by the political
2310	subdivision's procedures.
2311	(B) After all political subdivision appeal rights are exhausted, the offeror may appeal
2312	under [the provisions of] Subsections (5)(a) and (b).
2313	(ii) A procurement appeals panel described in Section 63G-6a-1702 shall determine
2314	whether the solicitation or award was made in accordance with the procedures set forth in this
2315	section and Section [ <del>26-8a-405.2</del> ] <u>53-2d-505.2</u> .
2316	(d) The determination of an issue of fact by the appeals board shall be final and
2317	conclusive unless arbitrary and capricious or clearly erroneous as provided in Section
2318	63G-6a-1705.

Section 62. Section 53-2d-505.4, which is renumbered from Section 26-8a-405.4 is

2320	renumbered and amended to read:
2321	[ <del>26-8a-405.4</del> ]. <u>53-2d-505.4.</u> Non-911 provider Finding of meritorious
2322	complaint Request for proposals.
2323	(1) (a) This section applies to a non-911 provider license under this chapter.
2324	(b) The [department] bureau shall, in accordance with Subsections (3) and (4):
2325	(i) receive a complaint about a non-911 provider;
2326	(ii) determine whether the complaint has merit;
2327	(iii) issue a finding of:
2328	(A) a meritorious complaint; or
2329	(B) a non-meritorious complaint; and
2330	(iv) forward a finding of a meritorious complaint to the governing body of the political
2331	subdivision:
2332	(A) in which the non-911 provider is licensed; or
2333	(B) that provides the non-911 services, if different from Subsection (1)(b)(iv)(A).
2334	(2) (a) A political subdivision that receives a finding of a meritorious complaint from
2335	[the department:] the bureau shall take corrective action that the political subdivision
2336	determines is appropriate.
2337	[(i) shall take corrective action that the political subdivision determines is appropriate;
2338	and]
2339	$[\frac{(ii)}]$ $\underline{(b)}$ $[\frac{shall}, if the]$ $\underline{A}$ political subdivision $\underline{that}$ determines corrective action will not
2340	resolve the complaint or is not appropriate shall:
2341	[(A)] (i) subject to Subsection (2)(c), issue a request for proposal for non-911 service
2342	in the geographic service area [if the political subdivision will not respond to the request for
2343	proposal]; or
2344	[(B)] (ii) [(I)] (A) make a finding that a request for proposal for non-911 services is
2345	appropriate [and the political subdivision intends to respond to a request for proposal]; and
2346	[(H)] (B) submit the political subdivision's findings to the [department] bureau with a
2347	request that the [department] bureau issue a request for proposal in accordance with Section
2348	[ <del>26-8a-405.5</del> ] <u>53-2d-505.5</u> .
2349	[(b)] (c) A political subdivision that issues a request for proposal under Subsection
2350	<u>(2)(b)(i):</u>

2351	(i) may not respond to the request for proposal; and
2352	(ii) shall issue the request for proposal in accordance with Sections 53-2d-505.1
2353	through 53-2d-505.3.
2354	[(i) If Subsection (2)(a)(ii)(A) applies, the political subdivision shall issue the request
2355	for proposal in accordance with Sections 26-8a-405.1 through 26-8a-405.3.]
2356	[(ii)] (d) If [Subsection (2)(a)(ii)(B) applies] a political subdivision submits a request to
2357	the bureau described Subsection (2)(b)(ii), the [department] bureau shall issue a request for
2358	proposal for non-911 services in accordance with Section 26-8a-405.5.
2359	(3) The [department] bureau shall make a determination under Subsection (1)(b) if:
2360	(a) the [department] bureau receives a written complaint from any of the following in
2361	the geographic service area:
2362	(i) a hospital;
2363	(ii) a health care facility;
2364	(iii) a political subdivision; or
2365	(iv) an individual; and
2366	(b) the [department] bureau determines, in accordance with Subsection (1)(b), that the
2367	complaint has merit.
2368	(4) (a) If the [department] bureau receives a complaint under Subsection (1)(b), the
2369	department shall request a written response from the non-911 provider concerning the
2370	complaint.
2371	(b) The [department] bureau shall make a determination under Subsection (1)(b) based
2372	on:
2373	(i) the written response from the non-911 provider; and
2374	(ii) other information that the department may have concerning the quality of service of
2375	the non-911 provider.
2376	(c) (i) The [department's] bureau's determination under Subsection (1)(b) is not subject
2377	to an adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.
2378	(ii) The [department] bureau shall adopt administrative rules in accordance with Title
2379	63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of
2380	Subsection (1)(b).
2381	Section 63. Section <b>53-2d-505.5</b> , which is renumbered from Section 26-8a-405.5 is

2382	renumbered	and a	amended	tο	read.
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2383 [<del>26-8a-405.5</del>]. <u>53-2d-505.5.</u> Use of competitive sealed proposals --

#### **Procedure -- Appeal rights.**

- (1) (a) The [department] <u>bureau</u> shall issue a request for proposal for non-911 services in a geographic service area if the [department] <u>bureau</u> receives a request from a political subdivision under Subsection [26-8a-405.4(2)(a)(ii)(B)] <u>53-2d-505.4(2)(d)</u> 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.
- (c)  $\underline{\text{(i)}}$  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

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2413	from proposals submitted by competing offerors.
2414	(3) (a) (i) The [department] bureau may select an applicant approved by the
2415	[department] bureau under Section [26-8a-404] 53-2d-504 to provide non-911 services by
2416	contract to the most responsible offeror as defined in Section 63G-6a-103.
2417	(ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose
2418	proposal is determined in writing to be the most advantageous to the public, taking into
2419	consideration price and the evaluation factors set forth in the request for proposal.
2420	(b) The applicants who are approved under Section [ <del>26-8a-405</del> ] <u>53-2d-504</u> and who
2421	are selected under this section may be the political subdivision responding to the request for
2422	competitive sealed proposals, or any other public entity or entities, any private person or entity,
2423	or any combination thereof.
2424	(c) The [department] bureau may reject all of the competitive proposals.
2425	(4) In seeking competitive sealed proposals and awarding contracts under this section,
2426	the [department] bureau:
2427	(a) shall consider the public convenience and necessity factors listed in Subsections
2428	[ <del>26-8a-408(2)</del> ] <u>53-2d-508(2)</u> through (6);
2429	(b) shall require the applicant responding to the proposal to disclose how the applicant
2430	will meet performance standards in the request for proposal;
2431	(c) may not require or restrict an applicant to a certain method of meeting the
2432	performance standards, including:
2433	(i) requiring ambulance medical personnel to also be a firefighter; or
2434	(ii) mandating that offerors use fire stations or dispatch services of the political
2435	subdivision;
2436	(d) shall require an applicant to submit the proposal:
2437	(i) based on full cost accounting in accordance with generally accepted accounting
2438	principals; and
2439	(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

(i) the method for determining full cost accounting in accordance with generally

in compliance with the State of Utah Legal Compliance Audit Guide; and

(e) shall set forth in the request for proposal:

2444	accepted accounting principles, and require an applicant to submit the proposal based on such
2445	full cost accounting principles;
2446	(ii) guidelines established to further competition and provider accountability; and
2447	(iii) a list of the factors that will be considered by the department in the award of the
2448	contract, including by percentage, the relative weight of the factors established under this
2449	Subsection (4)(e), which may include:
2450	(A) response times;
2451	(B) staging locations;
2452	(C) experience;
2453	(D) quality of care; and
2454	(E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).
2455	(5) A license issued under this section:
2456	(a) is for the exclusive geographic service area approved by the department;
2457	(b) is valid for four years;
2458	(c) is not subject to a request for license from another applicant under the provisions of
2459	Sections $[\frac{26-8a-406}{53-2d-506}]$ through $[\frac{26-8a-409}{53-2d-509}]$ during the four-year term,
2460	unless the applicant's license is revoked under Section [ <del>26-8a-504</del> ] <u>53-2d-604</u> ;
2461	(d) is subject to supervision by the department under Sections [ <del>26-8a-503</del> ] <u>53-2d-603</u>
2462	and [ <del>26-8a-504</del> ] <u>53-2d-604</u> ; and
2463	(e) except as provided in Subsection (4)(a), is not subject to the provisions of Sections
2464	[ <del>26-8a-406</del> ] <u>53-2d-506</u> through [ <del>26-8a-409</del> ] <u>53-2d-509</u> .
2465	Section 64. Section 53-2d-506, which is renumbered from Section 26-8a-406 is
2466	renumbered and amended to read:
2467	[ <del>26-8a-406</del> ]. <u>53-2d-506.</u> Ground ambulance and paramedic licenses
2468	Parties.
2469	(1) When an applicant approved under Section [ <del>26-8a-404</del> ] <u>53-2d-504</u> seeks licensure
2470	under the provisions of Sections [ $\frac{26-8a-406}{53-2d-506}$ through [ $\frac{26-8a-409}{53-2d-509}$ , the
2471	[department] bureau shall:
2472	(a) issue a notice of agency action to the applicant to commence an informal
2473	administrative proceeding;
2474	(b) provide notice of the application to all interested parties; and

(b) The hearing office shall:

2475 (c) publish notice of the application, at the applicant's expense: 2476 (i) once a week for four consecutive weeks, in a newspaper of general circulation in the 2477 geographic service area that is the subject of the application; and 2478 (ii) in accordance with Section 45-1-101 for four weeks. 2479 (2) An interested party has 30 days to object to an application. 2480 (3) If an interested party objects, the presiding officer shall join the interested party as 2481 an indispensable party to the proceeding. 2482 (4) The [department] bureau may join the proceeding as a party to represent the public 2483 interest. (5) Others who may be affected by the grant of a license to the applicant may join the 2484 2485 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 2486 2487 renumbered and amended to read: 2488 [26-8a-407]. 53-2d-507. Ground ambulance and paramedic licenses --2489 Proceedings. 2490 (1) The presiding officer shall: 2491 (a) commence an informal adjudicative proceeding within 120 days of receiving a 2492 completed application: 2493 (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 [<del>26-8a-408</del>] 2494 2495 53-2d-508; 2496 (c) set aside a separate time during the proceedings to accept public comment on the 2497 application; and (d) present a written decision to the executive director if a resolution has been reached 2498 2499 that satisfies the criteria in Section [<del>26-8a-408</del>] 53-2d-508. 2500 (2) At any time during an informal adjudicative proceeding under Subsection (1), any 2501 party may request conversion of the informal adjudicative proceeding to a formal adjudicative 2502 proceeding in accordance with Section 63G-4-202. 2503 (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. 2504

2506	[(a)] (i) set aside a separate time during the proceedings to accept public comment on
2507	the application;
2508	$[\frac{\text{(b)}}]$ (ii) apply the criteria established in Section $[\frac{26-8a-408}]$ $\frac{53-2d-508}$ ; and
2509	[(c)] (iii) present a recommended decision to the executive director in writing.
2510	(4) The executive director may, as set forth in a final written order, accept, modify,
2511	reject, or remand the decision of a presiding or hearing officer after:
2512	(a) reviewing the record;
2513	(b) giving due deference to the officer's decision; and
2514	(c) determining whether the criteria in Section [ <del>26-8a-408</del> ] <u>53-2d-508</u> have been
2515	satisfied.
2516	Section 66. Section 53-2d-508, which is renumbered from Section 26-8a-408 is
2517	renumbered and amended to read:
2518	[ <del>26-8a-408</del> ]. <u>53-2d-508.</u> Criteria for determining public convenience and
2519	necessity.
2520	(1) The criteria for determining public convenience and necessity is set forth in
2521	Subsections (2) through (6).
2522	(2) (a) Access to emergency medical services shall be maintained or improved.
2523	(b) The officer shall consider the impact on existing services, including the impact on
2524	response times, call volumes, populations and exclusive geographic service areas served, and
2525	the ability of surrounding licensed providers to service their exclusive geographic service areas
2526	(c) The issuance or amendment of a license may not create an orphaned area.
2527	(3) (a) The quality of service in the area shall be maintained or improved.
2528	(b) The officer shall consider the:
2529	[(a)] (i) staffing and equipment standards of the current licensed provider and the
2530	applicant;
2531	[(b)] (ii) training and licensure levels of the current licensed provider's staff and the
2532	applicant's staff;
2533	[(c)] (iii) continuing medical education provided by the current licensed provider and
2534	the applicant;
2535	[(d)] (iv) levels of care as defined by department rule;
2536	$[\underline{(e)}]$ $\underline{(v)}$ plan of medical control; and

2331	(17) (VI) the negative of beneficial impact on the regional emergency medical service
2538	system to provide service to the public.
2539	(4) (a) The cost to the public shall be justified.
2540	(b) The officer shall consider:
2541	[(a)] (i) the financial solvency of the applicant;
2542	[(b)] (ii) the applicant's ability to provide services within the rates established under
2543	Section [ <del>26-8a-403</del> ] <u>53-2d-503</u> ;
2544	[(c)] (iii) the applicant's ability to comply with cost reporting requirements;
2545	[(d)] (iv) the cost efficiency of the applicant; and
2546	$[\underline{(e)}]$ $\underline{(v)}$ the cost effect of the application on the public, interested parties, and the
2547	emergency medical services system.
2548	(5) (a) Local desires concerning cost, quality, and access shall be considered.
2549	(b) The officer shall assess and consider:
2550	[(a)] (i) the existing provider's record of providing services and the applicant's record
2551	and ability to provide similar or improved services;
2552	[(b)] (ii) locally established emergency medical services goals, including those
2553	established in Subsection (7);
2554	[(c)] (iii) comment by local governments on the applicant's business and operations
2555	plans;
2556	[(d)] (iv) comment by interested parties that are providers on the impact of the
2557	application on the parties' ability to provide emergency medical services;
2558	$[\underline{(e)}]$ $\underline{(v)}$ comment by interested parties that are local governments on the impact of the
2559	application on the citizens it represents; and
2560	[(f)] (vi) public comment on any aspect of the application or proposed license.
2561	(6) Other related criteria:
2562	(a) the officer considers necessary; or
2563	(b) established by [department] bureau rule.
2564	(7) Local governments shall establish cost, quality, and access goals for the ground
2565	ambulance and paramedic services that serve their areas.
2566	(8) In a formal adjudicative proceeding, the applicant bears the burden of establishing
2567	that public convenience and necessity require the approval of the application for all or part of

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that will provide the subsidy.

2568	the exclusive geographic service area requested.
2569	Section 67. Section 53-2d-509, which is renumbered from Section 26-8a-409 is
2570	renumbered and amended to read:
2571	[ <del>26-8a-409</del> ]. <u>53-2d-509.</u> Ground ambulance and paramedic licenses
2572	Hearing and presiding officers.
2573	(1) The [department] bureau shall set training standards for hearing officers and
2574	presiding officers.
2575	(2) At a minimum, a presiding officer shall:
2576	(a) be familiar with the theory and application of public convenience and necessity; and
2577	(b) have a working knowledge of the emergency medical service system in the state.
2578	(3) In addition to the requirements in Subsection (2), a hearing officer shall also be
2579	licensed to practice law in the state.
2580	(4) The [department] bureau shall provide training for hearing officer and presiding
2581	officer candidates in the theory and application of public convenience and necessity and on the
2582	emergency medical system in the state.
2583	(5) The [department] bureau shall maintain a roster of no less than five individuals who
2584	meet the minimum qualifications for both presiding and hearing officers and the standards set
2585	by the [department] bureau.
2586	(6) The parties may mutually select an officer from the roster if the officer is available.
2587	(7) If the parties cannot agree upon an officer under Subsection (4), the [department]
2588	bureau shall randomly select an officer from the roster or from a smaller group of the roster
2589	agreed upon by the applicant and the objecting interested parties.
2590	Section 68. Section 53-2d-510, which is renumbered from Section 26-8a-410 is
2591	renumbered and amended to read:
2592	[ <del>26-8a-410</del> ]. <u>53-2d-510.</u> Local approvals.
2593	(1) Licensed ambulance providers and paramedic providers shall meet all local zoning
2594	and business licensing standards generally applicable to businesses operating within the
2595	jurisdiction.
2596	(2) Publicly subsidized providers shall demonstrate approval of the taxing authority

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(3) A publicly operated service shall demonstrate that the governing body has approved

2599	the provision of services to the entire exclusive geographic service area that is the subject of
2600	the license, including those areas that may lie outside the territorial or jurisdictional boundaries
2601	of the governing body.
2602	Section 69. Section 53-2d-511, which is renumbered from Section 26-8a-411 is
2603	renumbered and amended to read:
2604	[ <del>26-8a-411</del> ]. <u>53-2d-511.</u> Limitation on repetitive applications.
2605	A person who has previously applied for a license under Sections [26-8a-406]
2606	53-2d-506 through [26-8a-409] 53-2d-509 may not apply for a license for the same service that
2607	covers any exclusive geographic service area that was the subject of the prior application
2608	unless:
2609	(1) one year has passed from the date of the issuance of a final decision under Section
2610	[ <del>26-8a-407</del> ] <u>53-2d-507</u> ; or
2611	(2) all interested parties and the department agree that a new application is in the public
2612	interest.
2613	Section 70. Section 53-2d-512, which is renumbered from Section 26-8a-412 is
2614	renumbered and amended to read:
2615	[ <del>26-8a-412</del> ]. <u>53-2d-512.</u> License for air ambulance providers.
2616	(1) An applicant for an air ambulance provider shall apply to the [department] bureau
2617	for a license only by:
2618	(a) submitting a complete application;
2619	(b) providing information in the format required by the [department] bureau; and
2620	(c) paying the required fees.
2621	(2) The [department] bureau may make rules establishing minimum qualifications and
2622	requirements for:
2623	(a) personnel;
2624	(b) capital reserves;
2625	(c) equipment;
2626	(d) business plan;
2627	(e) operational procedures;
2628	(f) resource hospital and medical direction agreements;
2629	(g) management and control qualifications and requirements; and

originally granted;

2630 (h) other matters that may be relevant to an applicant's ability to provide air ambulance 2631 services. 2632 (3) Upon receiving a completed application and the required fees, the [department] 2633 bureau shall review the application and determine whether the application meets the minimum 2634 requirements for licensure. 2635 (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 2636 2637 misleading information or is incomplete: 2638 (b) the application demonstrates that the applicant fails to meet the minimum 2639 requirements for licensure; or 2640 (c) the [department] bureau finds after inspection that the applicant does not meet the 2641 minimum requirements for licensure. 2642 (5) If the [department] bureau denies an application under this section, it shall notify 2643 the applicant in writing setting forth the grounds for the denial. 2644 Section 71. Section **53-2d-513**, which is renumbered from Section 26-8a-413 is 2645 renumbered and amended to read: 2646 [26-8a-413]. 53-2d-513. License renewals. 2647 (1) A licensed provider desiring to renew its license shall meet the renewal 2648 requirements established by [department] bureau rule. 2649 (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 2650 2651 public hearing if: (a) the applicant was licensed under the provisions of Sections [26-8a-406] 53-2d-506 2652 2653 through [<del>26-8a-409</del>] 53-2d-509; and 2654 (b) there has been: 2655 (i) no change in controlling interest in the ownership of the licensee as defined in 2656 Section [<del>26-8a-415</del>] 53-2d-515; (ii) no serious, substantiated public complaints filed with the department against the 2657 2658 licensee during the term of the previous license;

(iii) no material or substantial change in the basis upon which the license was

- 2661 (iv) no reasoned objection from the committee or the department; and 2662 (v) no change to the license type. 2663 (3) (a) (i) The provisions of this Subsection (3) apply to a provider licensed under the 2664 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 2665 2666 this Subsection (3) are met. 2667 (b) (i) The [department] bureau shall issue a renewal license to a provider upon the 2668 provider's application for renewal for one additional four-year term if the political subdivision 2669 certifies to the [department] bureau that the provider has met all of the specifications of the 2670 original bid. 2671 (ii) If the political subdivision does not certify to the [department] bureau that the 2672 provider has met all of the specifications of the original bid, the [department] bureau may not 2673 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. 2674 2675 (c) (i) The [department] bureau shall issue an additional renewal license to a provider 2676 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 2677 2678 expiration of the provider's license, written notice from an approved applicant informing the 2679 political subdivision of the approved applicant's desire to submit a bid for ambulance or 2680 paramedic service. 2681 (ii) If the [department] bureau and the political subdivision receive the notice in 2682 accordance with Subsection (3)(c)(i), the [department] bureau may not issue a renewal license 2683 and the political subdivision shall enter into a public bid process under Sections [26-8a-405.1] 2684 53-2d-505.1 and [<del>26-8a-405.2</del>] 53-2d-505.2. 2685
  - (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:

#### $[\frac{26-8a-414}{}]$ . 53-2d-514. Annexations.

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(1) A municipality shall comply with the provisions of this section if the municipality

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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] <u>bureau</u> 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] <u>bureau</u> elects to conduct an audit, the [department] <u>bureau</u> 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] <u>bureau</u> 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;
  - (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] <u>bureau</u> shall submit the results of the audit in writing to the municipal legislative body.
- (3) (a) If the [department] <u>bureau</u> audit finds that the municipality meets the requirements of Subsection (2)(b)(ii), the [department] <u>bureau</u> shall issue an amended license to the municipality and all other affected licensees to reflect the municipality's new boundaries after the [department] <u>bureau</u> receives notice of the approval of the petition for annexation

- 2723 from the municipality in accordance with Section 10-2-425.
- (b) (i) Notwithstanding the provisions of Subsection 63G-4-102(2)(k), if the
- 2725 [department] bureau audit finds that the municipality fails to meet the requirements of
- 2726 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
- 2728 approve the petition for annexation while an adjudicative proceeding requested under this
- 2729 Subsection (3)(b)(i) is pending.
- 2730 (ii) The [department] bureau shall conduct an adjudicative proceeding when requested
- 2731 under Subsection (3)(b)(i).
- 2732 (iii) Notwithstanding the provisions of Sections [<del>26-8a-404</del>] <u>53-2d-504</u> through
- 2733 [<del>26-8a-409</del>] <u>53-2d-509</u>, in any adjudicative proceeding held under the provisions of Subsection
- 2734 (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).
- 2736 (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
- 2740 renumbered and amended to read:

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- 2741 [<del>26-8a-415</del>]. <u>53-2d-515.</u> 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
  - 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

- 2748 under Section [<del>26-8a-408</del>] 53-2d-508.
  - (2) An administrative proceeding is not required under Subsection (1)(b) if:
- 2750 (a) the change in ownership interest is among existing owners of a closely held
- 2751 corporation and the change does not result in a change in the management of the licensee or in
- 2752 the name of the licensee;
- (b) the change in ownership in a closely held corporation results in the introduction of

2754 new owners, provided that:

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- (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:

### 2773 [<del>26-8a-416</del>]. <u>53-2d-516.</u> Overlapping licenses.

- (1) As used in this section:
- (a) "Overlap" means two ground ambulance interfacility transport providers that are 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] <u>bureau</u> 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

2785	the existing ground ambulance interfacility transport licensed provider meets the requirements
2786	described in Subsection [ <del>26-8a-404(4)</del> ] <u>53-2d-504(4)</u> .
2787	(4) An amendment of a license under this section may not alter:
2788	(a) other terms of the original license, including the applicable geographic service area;
2789	or
2790	(b) the license of other providers that provide interfacility transport services in the
2791	geographic service area.
2792	(5) Notwithstanding Subsection (2), any license for an overlap area terminates upon:
2793	(a) relinquishment by the provider; or
2794	(b) revocation by the department.
2795	Section 75. Section 53-2d-601, which is renumbered from Section 26-8a-501 is
2796	renumbered and amended to read:
2797	Part 6. Enforcement Provisions
2798	[ <del>26-8a-501</del> ]. <u>53-2d-601.</u> Discrimination prohibited.
2799	(1) No person licensed or designated pursuant to this chapter may discriminate in the
2800	provision of emergency medical services on the basis of race, sex, color, creed, or prior inquiry
2801	as to ability to pay.
2802	(2) This chapter does not authorize or require medical assistance or transportation over
2803	the objection of an individual on religious grounds.
2804	Section 76. Section 53-2d-602, which is renumbered from Section 26-8a-502 is
2805	renumbered and amended to read:
2806	[26-8a-502]. $53-2d-602$ . Illegal activity.
2807	(1) Except as provided in Section [ <del>26-8a-308</del> ] <u>53-2d-408</u> or [ <del>26-8b-201</del> ] <u>53-2d-201</u> , a
2808	person may not:
2809	(a) practice or engage in the practice, represent that the person is practicing or engaging
2810	in the practice, or attempt to practice or engage in the practice of any activity that requires a
2811	license, certification, or designation under this chapter unless that person is licensed, certified,
2812	or designated under this chapter; or
2813	(b) offer an emergency medical service that requires a license, certification, or
2814	designation under this chapter unless the person is licensed, certified, or designated under this
2815	chapter.

2816	(2) A person may not:
2817	(a) advertise or represent that the person holds a license, certification, or designation
2818	required under this chapter, unless that person holds the license, certification, or designation
2819	under this chapter[:];
2820	[(3)] (b) [A person may not] employ or permit any employee to perform any service for
2821	which a license or certification is required by this chapter, unless the person performing the
2822	service possesses the required license or certification under this chapter[-];
2823	[(4)] (c) [A person may not wear,] display, sell, reproduce, or otherwise use any Utah
2824	Emergency Medical Services insignia without authorization from the [department.] bureau;
2825	[(5)] (d) [A person may not] reproduce or otherwise use materials developed by the
2826	department for licensure or certification testing or examination without authorization from the
2827	[department.] bureau; or
2828	[(6)] (e) [A person may not] willfully summon an ambulance or emergency response
2829	vehicle or report that one is needed when the person knows that the ambulance or emergency
2830	response vehicle is not needed.
2831	(3) A violation of Subsection (1) or (2) is a class B misdemeanor.
2832	[ <del>(7)</del> A person who violates this section is subject to Section 26-23-6.]
2833	Section 77. Section <b>53-2d-602.1</b> , which is renumbered from Section 26-8a-502.1 is
2834	renumbered and amended to read:
2835	[ <del>26-8a-502.1</del> ]. <u>53-2d-602.1.</u> Prohibition on the use of "911".
2836	(1) As used in this section:
2837	(a) "Emergency services" means services provided by a person in response to an
2838	emergency.
2839	(b) "Emergency services" includes:
2840	(i) fire protection services;
2841	(ii) paramedic services;
2842	(iii) law enforcement services;
2843	(iv) 911 ambulance or paramedic services, as defined in Section 26-8a-102; and
2844	(v) any other emergency services.
2845	(2) A person may not use "911" or other similar sequence of numbers in the person's
2846	name with the purpose to deceive the public that the person operates or represents emergency

2847	services, unless the person is authorized to provide emergency services.
2848	(3) A violation of Subsection (2) is:
2849	(a) a class C misdemeanor; and
2850	(b) subject to a fine of up to \$500 per violation.
2851	Section 78. Section 53-2d-603, which is renumbered from Section 26-8a-503 is
2852	renumbered and amended to read:
2853	[ <del>26-8a-503</del> ]. <u>53-2d-603.</u> Discipline of emergency medical services
2854	personnel.
2855	(1) The [department] bureau may refuse to issue a license or renewal, or revoke,
2856	suspend, restrict, or place on probation an individual's license if:
2857	(a) the individual does not meet the qualifications for licensure under Section
2858	[ <del>26-8a-302</del> ] <u>53-2d-402</u> ;
2859	(b) the individual has engaged in conduct, as defined by committee rule, that:
2860	(i) is unprofessional;
2861	(ii) is adverse to the public health, safety, morals, or welfare; or
2862	(iii) would adversely affect public trust in the emergency medical service system;
2863	(c) the individual has violated Section $[\frac{26-8a-502}{53-2d-602}]$ or other provision of this
2864	chapter;
2865	(d) the individual has violated Section 58-1-509;
2866	(e) a court of competent jurisdiction has determined the individual to be mentally
2867	incompetent for any reason; or
2868	(f) the individual is unable to provide emergency medical services with reasonable skill
2869	and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type
2870	of material, or as a result of any other mental or physical condition, when the individual's
2871	condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers,
2872	or the public health, safety, or welfare that cannot be reasonably mitigated.
2873	(2) (a) An action to revoke, suspend, restrict, or place a license on probation shall be
2874	done in:
2875	(i) consultation with the peer review board created in Section [ <del>26-8a-105</del> ] <u>53-2d-103</u> ;
2876	and
2877	(ii) accordance with Title 63G, Chapter 4, Administrative Procedures Act.

- (b) Notwithstanding Subsection (2)(a), the [department] <u>bureau</u> may issue a cease and desist order under Section [26-8a-507] <u>53-2d-607</u> 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:

### [<del>26-8a-504</del>]. <u>53-2d-604.</u> Discipline of designated and licensed providers.

- (1) The [department] <u>bureau</u> 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 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

2909	pending an administrative proceeding to be held within 30 days if there is evidence to show
2910	that the provider or facility poses a clear, immediate, and unjustifiable threat or potential threat
2911	to the public health, safety, or welfare.
2912	[(3) In addition to taking disciplinary action under Subsection (1), the department may
2913	impose sanctions in accordance with Section 26-23-6.]
2914	Section 80. Section 53-2d-605, which is renumbered from Section 26-8a-505 is
2915	renumbered and amended to read:
2916	[ <del>26-8a-505</del> ]. <u>53-2d-605.</u> Service interruption or cessation Receivership
2917	Default coverage Notice.
2918	(1) Acting in the public interest, the department may petition the district court where an
2919	ambulance or paramedic provider operates or the district court with jurisdiction in Salt Lake
2920	County to appoint the [department] bureau or an independent receiver to continue the
2921	operations of a provider upon any one of the following conditions:
2922	(a) the provider ceases or intends to cease operations;
2923	(b) the provider becomes insolvent;
2924	(c) the [department] bureau has initiated proceedings to revoke the provider's license
2925	and has determined that the lives, health, safety, or welfare of the population served within the
2926	provider's exclusive geographic service area are endangered because of the provider's action or
2927	inaction pending a full hearing on the license revocation; or
2928	(d) the [department] bureau has revoked the provider's license and has been unable to
2929	adequately arrange for another provider to take over the provider's exclusive geographic service
2930	area.
2931	(2) If a licensed or designated provider ceases operations or is otherwise unable to
2932	provide services, the [department] bureau may arrange for another licensed provider to provide
2933	services on a temporary basis until a license is issued.
2934	(3) A licensed provider shall give the department 30 days notice of its intent to cease
2935	operations.
2936	Section 81. Section <b>53-2d-606</b> , which is renumbered from Section 26-8a-506 is
2937	renumbered and amended to read:
2938	[ <del>26-8a-506</del> ]. 53-2d-606. Investigations for enforcement of chapter.

(1) The [department] bureau may, for the purpose of ascertaining compliance with the

2940	provisions of this chapter, enter and inspect on a routine basis the business premises and
2941	equipment of a person:
2942	(a) with a designation, permit, or license; or
2943	(b) who holds himself out to the general public as providing a service for which a
2944	designation, permit, or license is required under Section [ <del>26-8a-301</del> ] <u>53-2d-401</u> .
2945	(2) Before conducting an inspection under Subsection (1), the [department] bureau
2946	shall, after identifying the person in charge:
2947	(a) give proper identification;
2948	(b) describe the nature and purpose of the inspection; and
2949	(c) if necessary, explain the authority of the department to conduct the inspection.
2950	(3) In conducting an inspection under Subsection (1), the [department] bureau may,
2951	after meeting the requirements of Subsection (2):
2952	(a) inspect records, equipment, and vehicles; and
2953	(b) interview personnel.
2954	(4) An inspection conducted under Subsection (1) shall be during regular operational
2955	hours.
2956	Section 82. Section 53-2d-607, which is renumbered from Section 26-8a-507 is
2957	renumbered and amended to read:
2958	[26-8a-507]. Solution 53-2d-607. Cease and desist orders.
2959	The [department] bureau may issue a cease and desist order to any person who:
2960	(1) may be disciplined under Section [ $\frac{26-8a-503}{53-2d-603}$ ] or [ $\frac{26-8a-504}{53-2d-604}$ ]
2961	or
2962	(2) otherwise violates this chapter or any rules adopted under this chapter.
2963	Section 83. Section 53-2d-701, which is renumbered from Section 26-8a-601 is
2964	renumbered and amended to read:
2965	Part 7. <u>Miscellaneous</u>
2966	[ <del>26-8a-601</del> ]. <u>53-2d-701.</u> Persons and activities exempt from civil liability.
2967	(1) (a) Except as provided in Subsection (1)(b), a licensed physician, physician's
2968	assistant, or licensed registered nurse who, gratuitously and in good faith, gives oral or written
2969	instructions to any of the following is not liable for any civil damages as a result of issuing the
2970	instructions:

- 2971 (i) an individual licensed or certified under Section [<del>26-8a-302</del>] <u>53-2b-402</u>;
- 2972 (ii) an individual who uses a fully automated external defibrillator[<del>, as defined in</del> 2973 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 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 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

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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 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 3032 choice of an air medical transport provider, and the patient's representative is not physically

3033	present with the patient.
3034	Section 85. Section 53-2d-703, which is renumbered from Section 26-8a-603 is
3035	renumbered and amended to read:
3036	[ <del>26-8a-603</del> ]. <u>53-2d-703.</u> Volunteer Emergency Medical Service Personnel
3037	Health Insurance Program Creation Administration Eligibility Benefits
3038	Rulemaking Advisory board.
3039	(1) As used in this section:
3040	(a) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
3041	(b) "Local government entity" means a political subdivision that:
3042	(i) is licensed as a ground ambulance provider under [Part 4, Ambulance and
3043	Paramedic Providers] Part 5, Ambulance and Paramedic Providers; and
3044	(ii) as of January 1, 2022, does not offer health insurance benefits to volunteer
3045	emergency medical service personnel.
3046	(c) "PEHP" means the Public Employees' Benefit and Insurance Program created in
3047	Section 49-20-103.
3048	(d) "Political subdivision" means a county, a municipality, a limited purpose
3049	government entity described in Title 17B, Limited Purpose Local Government Entities - Local
3050	Districts, or Title 17D, Limited Purpose Local Government Entities - Other Entities, or an
3051	entity created by an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation
3052	Act.
3053	(e) "Qualifying association" means an association that represents two or more political
3054	subdivisions in the state.
3055	(2) The Volunteer Emergency Medical Service Personnel Health Insurance Program
3056	shall promote recruitment and retention of volunteer emergency medical service personnel by
3057	making health insurance available to volunteer emergency medical service personnel.
3058	(3) The [department] bureau shall contract with a qualifying association to create,
3059	implement, and administer the Volunteer Emergency Medical Service Personnel Health
3060	Insurance Program described in this section.
3061	(4) Participation in the program is limited to emergency medical service personnel
3062	who:

(a) are licensed under Section  $[\frac{26-8a-302}{53-2d-402}]$  and are able to perform all

3064	necessary functions associated with the license;
3065	(b) provide emergency medical services under the direction of a local governmental
3066	entity:
3067	(i) by responding to 20% of calls for emergency medical services in a rolling
3068	twelve-month period;
3069	(ii) within a county of the third, fourth, fifth, or sixth class; and
3070	(iii) as a volunteer under the Fair Labor Standards Act, in accordance with 29 C.F.R.
3071	Sec. 553.106;
3072	(c) are not eligible for a health benefit plan through an employer or a spouse's
3073	employer;
3074	(d) are not eligible for medical coverage under a government sponsored healthcare
3075	program; and
3076	(e) reside in the state.
3077	(5) (a) A participant in the program is eligible to participate in PEHP in accordance
3078	with Subsection (5)(b) and Subsection 49-20-201(3).
3079	(b) Benefits available to program participants under PEHP are limited to health
3080	insurance that:
3081	(i) covers the program participant and the program participant's eligible dependents on
3082	a July 1 plan year;
3083	(ii) accepts enrollment during an open enrollment period or for a special enrollment
3084	event, including the initial eligibility of a program participant;
3085	(iii) if the program participant is no longer eligible for benefits, terminates on the last
3086	day of the last month for which the individual is a participant in the Volunteer Emergency
3087	Medical Service Personnel Health Insurance Program; and
3088	(iv) is not subject to continuation rights under state or federal law.
3089	(6) (a) The [department] bureau may make rules in accordance with Title 63G, Chapter
3090	3, Utah Administrative Rulemaking Act, to define additional criteria regarding benefit design
3091	and eligibility for the program.
3092	(b) The [department] bureau shall convene an advisory board:
3093	(i) to advise the [department] bureau on making rules under Subsection (6)(a); and

(ii) that includes representation from at least the following entities:

3095	(A) the qualifying association that receives the contract under Subsection (3); and
3096	(B) PEHP.
3097	(7) For purposes of this section, the qualifying association that receives the contract
3098	under Subsection (3) shall be considered the public agency for whom the program participant is
3099	volunteering under 29 C.F.R. Sec. 553.101.
3100	Section 86. Section 53-2d-801, which is renumbered from Section 26-8b-201 is
3101	renumbered and amended to read:
3102	Part 8. <u>Utah Sudden Cardiac Arrest Survival Act</u>
3103	[26-8b-201]. 53-2d-801. Authority to administer CPR or use an AED.
3104	[ <del>(1)</del> ] A person <u>may:</u>
3105	(1) [may] administer CPR on another [person] individual without a license, certificate,
3106	or other governmental authorization if the person reasonably believes that the [other person]
3107	individual is in sudden cardiac arrest[-]; or
3108	[ <del>(2) A person</del> ]
3109	(2) [may] use an AED on another [person] individual without a license, certificate, or
3110	other governmental authorization if the person reasonably believes that the [other person]
3111	individual is in sudden cardiac arrest.
3112	Section 87. Section 53-2d-802, which is renumbered from Section 26-8b-202 is
3113	renumbered and amended to read:
3114	[26-8b-202]. $53-2d-802$ . Immunity.
3115	(1) Except as provided in Subsection (3), the following persons are not subject to civil
3116	liability for any act or omission relating to preparing to care for, responding to care for, or
3117	providing care to, another [person] individual who reasonably appears to be in sudden cardiac
3118	arrest:
3119	(a) a person authorized, under Section [ <del>26-8b-201</del> ] <u>53-2d-801</u> , to administer CPR,
3120	who:
3121	(i) gratuitously and in good faith attempts to administer or administers CPR to another
3122	person; or
3123	(ii) fails to administer CPR to another person;
3124	(b) a person authorized, under Section [ <del>26-8b-201</del> ] <u>53-2d-801</u> , to use an AED who:
3125	(i) gratuitously and in good faith attempts to use or uses an AED; or

3120	(ii) fails to use all AED,
3127	(c) a person that teaches or provides a training course in administering CPR or using an
3128	AED;
3129	(d) a person that acquires an AED;
3130	(e) a person that owns, manages, or is otherwise responsible for the premises or
3131	conveyance where an AED is located;
3132	(f) a person who retrieves an AED in response to a perceived or potential sudden
3133	cardiac arrest;
3134	(g) a person that authorizes, directs, or supervises the installation or provision of an
3135	AED;
3136	(h) a person involved with, or responsible for, the design, management, or operation of
3137	a CPR or AED program;
3138	(i) a person involved with, or responsible for, reporting, receiving, recording, updating,
3139	giving, or distributing information relating to the ownership or location of an AED under [Part
3140	3, Automatic External Defibrillator Databases] Section 53-2d-80; or
3141	(j) a physician who gratuitously and in good faith:
3142	(i) provides medical oversight for a public AED program; or
3143	(ii) issues a prescription for a person to acquire or use an AED.
3144	(2) This section does not relieve a manufacturer, designer, developer, marketer, or
3145	commercial distributor of an AED, or an accessory for an AED, of any liability.
3146	(3) The liability protection described in Subsection (1) does not apply to an act or
3147	omission that constitutes gross negligence or willful misconduct.
3148	Section 88. Section 53-2d-803, which is renumbered from Section 26-8b-301 is
3149	renumbered and amended to read:
3150	[ <del>26-8b-301</del> ]. <u>53-2d-803.</u> Reporting location of automatic external
3151	defibrillators.
3152	(1) In accordance with Subsection (2) and except as provided in Subsection (3):
3153	(a) a person who owns or leases an AED shall report the person's name, address, and
3154	telephone number, and the exact location of the AED, in writing or by a web-based AED
3155	registration form, if available, to the emergency medical dispatch center that provides
3156	emergency dispatch services for the location where the AED is installed, if the person:

3157	(i) installs the AED;
3158	(ii) causes the AED to be installed; or
3159	(iii) allows the AED to be installed; and
3160	(b) a person who owns or leases an AED that is removed from a location where it is
3161	installed shall report the person's name, address, and telephone number, and the exact location
3162	from which the AED is removed, in writing or by a web-based AED registration form, if
3163	available, to the emergency medical dispatch center that provides emergency dispatch services
3164	for the location from which the AED is removed, if the person:
3165	(i) removes the AED;
3166	(ii) causes the AED to be removed; or
3167	(iii) allows the AED to be removed.
3168	(2) A report required under Subsection (1) shall be made within 14 days after the day
3169	on which the AED is installed or removed.
3170	(3) Subsection (1) does not apply to an AED:
3171	(a) at a private residence; or
3172	(b) in a vehicle or other mobile or temporary location.
3173	(4) A person who owns or leases an AED that is installed in, or removed from, a
3174	private residence may voluntarily report the location of, or removal of, the AED to the
3175	emergency medical dispatch center that provides emergency dispatch services for the location
3176	where the private residence is located.
3177	(5) The department may not impose a penalty on a person for failing to comply with
3178	the requirements of this section.
3179	Section 89. Section 53-2d-804, which is renumbered from Section 26-8b-302 is
3180	renumbered and amended to read:
3181	[ <del>26-8b-302</del> ]. <u>53-2d-804.</u> Distributors to notify of reporting requirements
3182	A person in the business of selling or leasing an AED shall, at the time the person
3183	provides, sells, or leases an AED to another person, notify the other person, in writing, of the
3184	reporting requirements described in Section [ <del>26-8b-301</del> ] <u>53-2d-803</u> .
3185	Section 90. Section 53-2d-805, which is renumbered from Section 26-8b-303 is
3186	renumbered and amended to read:
3187	[ <del>26-8b-303</del> ]. 53-2d-805. Duties of emergency medical dispatch centers.

3188	An emergency medical dispatch center shall:
3189	(1) implement a system to receive and manage the information reported to the
3190	emergency medical dispatch center under Section [ <del>26-8b-301</del> ] <u>53-2d-803</u> ;
3191	(2) record in the system described in Subsection (1), all information received under
3192	Section [ <del>26-8b-301</del> ] <u>53-2d-803</u> within 14 days after the day on which the information is
3193	received;
3194	(3) inform [a person] an individual who calls to report a potential incident of sudden
3195	cardiac arrest of the location of an AED located at the address of the potential sudden cardiac
3196	arrest;
3197	(4) provide verbal instructions to [a person] an individual described in Subsection (3)
3198	to:
3199	(a) help [a person] the individual determine if a patient is in cardiac arrest; and
3200	(b) if needed:
3201	(i) provide direction to start CPR;
3202	(ii) offer instructions on how to perform CPR; or
3203	(iii) offer instructions on how to use an AED, if one is available; and
3204	(5) provide the information contained in the system described in Subsection (1), upon
3205	request, to the bureau.
3206	Section 91. Section 53-2d-806, which is renumbered from Section 26-8b-401 is
3207	renumbered and amended to read:
3208	[26-8b-401]. <u>53-2d-806.</u> Education and training.
3209	(1) The bureau shall work in cooperation with federal, state, and local agencies and
3210	schools, to encourage individuals to complete courses on the administration of CPR and the use
3211	of an AED.
3212	(2) A person who owns or leases an AED shall encourage each [person] individual
3213	who is likely to use the AED to complete courses on the administration of CPR and the use of
3214	an AED.
3215	Section 92. Section 53-2d-807, which is renumbered from Section 26-8b-402 is
3216	renumbered and amended to read:
3217	[26-8b-402]. Simplify Signature 53-2d-807. AEDs for demonstration purposes.
3218	(1) Any AED used solely for demonstration or training purposes, which is not

3219	operational for emergency use is, except for the provisions of this section, exempt from the
3220	provisions of this chapter.
3221	(2) The owner of an AED described in Subsection (1) shall clearly mark on the exterior
3222	of the AED that the AED is for demonstration or training use only.
3223	Section 93. Section <b>53-2d-808</b> , which is renumbered from Section 26-8b-501 is
3224	renumbered and amended to read:
3225	[ <del>26-8b-501</del> ]. <u>53-2d-808.</u> Tampering with an AED prohibited Penalties.
3226	A person is guilty of a class C misdemeanor if the person removes, tampers with, or
3227	otherwise disturbs an AED, AED cabinet or enclosure, or AED sign, unless:
3228	(1) the person is authorized by the AED owner for the purpose of:
3229	(a) inspecting the AED or AED cabinet or enclosure; or
3230	(b) performing maintenance or repairs on the AED, the AED cabinet or enclosure, a
3231	wall or structure that the AED cabinet or enclosure is directly attached to, or an AED sign;
3232	(2) the person is responding to, or providing care to, a potential sudden cardiac arrest
3233	patient; or
3234	(3) the person acts in good faith with the intent to support, and not to violate, the
3235	recognized purposes of the AED.
3236	Section 94. Section 53-2d-809, which is renumbered from Section 26-8b-602 is
3237	renumbered and amended to read:
3238	[ <del>26-8b-602</del> ]. <u>53-2d-809.</u> Automatic External Defibrillator Restricted
3239	Account.
3240	(1) (a) There is created a restricted account within the General Fund known as the
3241	Automatic External Defibrillator Restricted Account to provide AEDs to entities under
3242	Subsection (4).
3243	(b) The director of the bureau shall administer the account in accordance with rules
3244	made by the bureau in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
3245	Act.
3246	(2) The restricted account shall consist of money appropriated to the account by the
3247	Legislature.
3248	(3) The director of the bureau shall distribute funds deposited in the account to eligible
3249	entities, under Subsection (4), for the purpose of purchasing:

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3250	(a) an AED;
3251	(b) an AED carrying case;
3252	(c) a wall-mounted AED cabinet; or
3253	(d) an AED sign.
3254	(4) Upon appropriation, the director of the bureau shall distribute funds deposited in
3255	the account, for the purpose of purchasing items under Subsection (3), to:
3256	(a) a municipal department of safety that routinely responds to incidents, or potential
3257	incidents, of sudden cardiac arrest;
3258	(b) a municipal or county law enforcement agency that routinely responds to incidents,
3259	or potential incidents, of sudden cardiac arrest;
3260	(c) a state law enforcement agency that routinely responds to incidents, or potential
3261	incidents, of sudden cardiac arrest;
3262	(d) a school that offers instruction to grades kindergarten through 6;
3263	(e) a school that offers instruction to grades 7 through 12; or
3264	(f) a state institution of higher education.
3265	(5) The director of the bureau shall distribute funds under this section to a municipality
3266	only if the municipality provides a match in funding for the total cost of items under
3267	Subsection (3):
3268	(a) of 50% for the municipality, if the municipality is a city of first, second, or third
3269	class under Section 10-2-301; or
3270	(b) of 75% for the municipality, other than a municipality described in Subsection
3271	(5)(a).
3272	(6) The director of the bureau shall distribute funds under this section to a county only
3273	if the county provides a match in funding for the total cost of items under Subsection (3):
3274	(a) of 50% for the county, if the county is a county of first, second, or third class under
3275	Section 17-50-501; or
3276	(b) of 75% for the county, other than a county described in Subsection (6)(a).
3277	(7) In accordance with rules made by the bureau, an entity described in Subsection (4)
3278	may apply to the director of the bureau to receive a distribution of funds from the account by
3279	filing an application with the bureau on or before October 1 of each year.
3280	Section 95. Section 53-2d-901, which is renumbered from Section 26-8d-102 is

3281	renumbered and amended to read:
3282	Part 9. Statewide Stroke and Cardiac Registries
3283	[ <del>26-8d-102</del> ]. <u>53-2d-901.</u> Statewide stroke registry.
3284	(1) The [department] bureau shall establish and supervise a statewide stroke registry to:
3285	(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation
3286	of stroke;
3287	(b) promote optimal care for stroke patients;
3288	(c) alleviate unnecessary death and disability from stroke;
3289	(d) encourage the efficient and effective continuum of patient care, including
3290	prevention, prehospital care, hospital care, and rehabilitative care; and
3291	(e) minimize the overall cost of stroke.
3292	(2) The [department] bureau shall utilize the registry established under Subsection (1)
3293	to assess:
3294	(a) the effectiveness of the data collected by the registry; and
3295	(b) the impact of the statewide stroke registry on the provision of stroke care.
3296	(3) (a) The [department] bureau shall make rules in accordance with Title 63G,
3297	Chapter 3, Utah Administrative Rulemaking Act, to establish:
3298	(i) the data elements that general acute hospitals shall report to the registry; and
3299	(ii) the time frame and format for reporting.
3300	(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics
3301	consistent with data elements used in nationally recognized data set platforms for stroke care.
3302	(c) The department shall permit a general acute hospital to submit data required under
3303	this section through an electronic exchange of clinical health information that meets the
3304	standards established by the department under Section 26-1-37.
3305	(4) A general acute hospital shall submit stroke data in accordance with rules
3306	established under Subsection (3).
3307	(5) Data collected under this section shall be subject to <u>Title 26</u> , Chapter 3, Health
3308	Statistics.
3309	(6) No person may be held civilly liable for providing data to the department in
3310	accordance with this section.

Section 96. Section 53-2d-902, which is renumbered from Section 26-8d-103 is

3312	renumbered and amended to read:
3313	[26-8d-103]. Statewide cardiac registry.
3314	(1) The [department] bureau shall establish and supervise a statewide cardiac registry
3315	to:
3316	(a) analyze information on the incidence, severity, causes, outcomes, and rehabilitation
3317	of cardiac diseases;
3318	(b) promote optimal care for cardiac patients;
3319	(c) alleviate unnecessary death and disability from cardiac diseases;
3320	(d) encourage the efficient and effective continuum of patient care, including
3321	prevention, prehospital care, hospital care, and rehabilitative care; and
3322	(e) minimize the overall cost of cardiac care.
3323	(2) The [department] bureau shall utilize the registry established under Subsection (1)
3324	to assess:
3325	(a) the effectiveness of the data collected by the registry; and
3326	(b) the impact of the statewide cardiac registry on the provision of cardiac care.
3327	(3) (a) The [department] bureau shall make rules in accordance with Title 63G,
3328	Chapter 3, Utah Administrative Rulemaking Act, to establish:
3329	(i) the data elements that general acute hospitals shall report to the registry; and
3330	(ii) the time frame and format for reporting.
3331	(b) The data elements described in Subsection (3)(a)(i) shall include consensus metrics
3332	consistent with data elements used in nationally recognized data set platforms for cardiac care.
3333	(c) The [department] bureau shall permit a general acute hospital to submit data
3334	required under this section through an electronic exchange of clinical health information that
3335	meets the standards established by the department under Section 26-1-37.
3336	(4) A general acute hospital shall submit cardiac data in accordance with rules
3337	established under Subsection (3).
3338	(5) Data collected under this section shall be subject to <u>Title 26</u> , Chapter 3, Health
3339	Statistics.
3340	(6) No person may be held civilly liable for providing data to the [department] bureau
3341	in accordance with this section.
3342	Section 97 Section 53-2d-903 which is renumbered from Section 26-8d-104 is

3343	renumbered and amended to read:
3344	[ <del>26-8d-104</del> ]. <u>53-2d-903.</u> Stroke registry advisory committee.
3345	(1) There is created within the [department] bureau a stroke registry advisory
3346	committee.
3347	(2) The stroke registry advisory committee created in Subsection (1) shall:
3348	(a) be composed of individuals knowledgeable in adult and pediatric stroke care,
3349	including physicians, physician assistants, nurses, hospital administrators, emergency medical
3350	services personnel, government officials, consumers, and persons affiliated with professional
3351	health care associations;
3352	(b) advise the [department] bureau regarding the development and implementation of
3353	the stroke registry;
3354	(c) assist the [department] bureau in evaluating the quality and outcomes of the stroke
3355	registry; and
3356	(d) review and comment on proposals and rules governing the statewide stroke registry.
3357	Section 98. Section 53-2d-904, which is renumbered from Section 26-8d-105 is
3358	renumbered and amended to read:
3359	[ <del>26-8d-105</del> ]. <u>53-2d-904.</u> Cardiac registry advisory committee.
3360	(1) There is created within the [department] bureau a cardiac registry advisory
3361	committee.
3362	(2) The cardiac registry advisory committee created in Subsection (1) shall:
3363	(a) be composed of individuals knowledgeable in adult and pediatric cardiac care,
3364	including physicians, physician assistants, nurses, hospital administrators, emergency medical
3365	services personnel, government officials, consumers, and persons affiliated with professional
3366	health care associations;
3367	(b) advise the [department] bureau regarding the development and implementation of
3368	the cardiac registry;
3369	(c) assist the [department] bureau in evaluating the quality and outcomes of the cardiac
3370	registry; and
3371	(d) review and comment on proposals and rules governing the statewide cardiac
3372	registry.
3373	Section 99. Section 53-2e-101, which is renumbered from Section 26-8c-102 is

3374	renumbered and amended to read:
3375	CHAPTER 2e. EMS PERSONNEL LICENSURE INTERSTATE COMPACT
3376	[ <del>26-8c-102</del> ]. <u>53-2e-101.</u> EMS Personnel Licensure Interstate Compact.
3377	EMS PERSONNEL LICENSURE INTERSTATE COMPACT
3378	SECTION 1. PURPOSE
3379	In order to protect the public through verification of competency and ensure
3380	accountability for patient care related activities all states license emergency medical services
3381	(EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and
3382	paramedics. This Compact is intended to facilitate the day to day movement of EMS personnel
3383	across state boundaries in the performance of their EMS duties as assigned by an appropriate
3384	authority and authorize state EMS offices to afford immediate legal recognition to EMS
3385	personnel licensed in a member state. This Compact recognizes that states have a vested
3386	interest in protecting the public's health and safety through their licensing and regulation of
3387	EMS personnel and that such state regulation shared among the member states will best protect
3388	public health and safety. This Compact is designed to achieve the following purposes and
3389	objectives:
3390	1. Increase public access to EMS personnel;
3391	2. Enhance the states' ability to protect the public's health and safety, especially patient
3392	safety;
3393	3. Encourage the cooperation of member states in the areas of EMS personnel licensure
3394	and regulation;
3395	4. Support licensing of military members who are separating from an active duty tour
3396	and their spouses;
3397	5. Facilitate the exchange of information between member states regarding EMS
3398	personnel licensure, adverse action and significant investigatory information;
3399	6. Promote compliance with the laws governing EMS personnel practice in each
3400	member state; and
3401	7. Invest all member states with the authority to hold EMS personnel accountable
3402	through the mutual recognition of member state licenses.
3403	SECTION 2. DEFINITIONS
3404	In this compact:

EMS Scope of Practice Model.

3405 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 3406 3407 EMS Education Standards and National EMS Scope of Practice Model. 3408 B. "Adverse Action" means: any administrative, civil, equitable or criminal action 3409 permitted by a state's laws which may be imposed against licensed EMS personnel by a state 3410 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 3411 3412 limitation or encumbrance on the individual's practice, letters of reprimand or admonition, 3413 fines, criminal convictions and state court judgments enforcing adverse actions by the state 3414 EMS authority. 3415 C. "Alternative program" means: a voluntary, non-disciplinary substance abuse 3416 recovery program approved by a state EMS authority. 3417 D. "Certification" means: the successful verification of entry-level cognitive and 3418 psychomotor competency using a reliable, validated, and legally defensible examination. 3419 E. "Commission" means: the national administrative body of which all states that have 3420 enacted the compact are members. 3421 F. "Emergency Medical Technician (EMT)" means: an individual licensed with 3422 cognitive knowledge and a scope of practice that corresponds to that level in the National EMS 3423 Education Standards and National EMS Scope of Practice Model. 3424 G. "Home State" means: a member state where an individual is licensed to practice 3425 emergency medical services. 3426 H. "License" means: the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic. 3427 3428 I. "Medical Director" means: a physician licensed in a member state who is 3429 accountable for the care delivered by EMS personnel. 3430 J. "Member State" means: a state that has enacted this compact. 3431 K. "Privilege to Practice" means: an individual's authority to deliver emergency 3432 medical services in remote states as authorized under this compact. L. "Paramedic" means: an individual licensed with cognitive knowledge and a scope of 3433 3434 practice that corresponds to that level in the National EMS Education Standards and National

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- 3436 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 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.
- 3465 C. A home state's license authorizes an individual to practice in a remote state under 3466 the privilege to practice only if the home state:

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3467 1. Currently requires the use of the National Registry of Emergency Medical 3468 Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and 3469 paramedic levels; 3470 2. Has a mechanism in place for receiving and investigating complaints about 3471 individuals; 3472 3. Notifies the Commission, in compliance with the terms herein, of any adverse action 3473 or significant investigatory information regarding an individual; 3474 4. No later than five years after activation of the Compact, requires a criminal 3475 background check of all applicants for initial licensure, including the use of the results of 3476 fingerprint or other biometric data checks compliant with the requirements of the Federal 3477 Bureau of Investigation with the exception of federal employees who have suitability 3478 determination in accordance with 5 C.F.R. Sec. 731.202 and submit documentation of such as 3479 promulgated in the rules of the Commission; and 3480 5. Complies with the rules of the Commission. 3481 SECTION 4. COMPACT PRIVILEGE TO PRACTICE 3482 A. Member states shall recognize the privilege to practice of an individual licensed in 3483 another member state that is in conformance with Section 3. 3484 B. To exercise the privilege to practice under the terms and provisions of this compact. 3485 an individual must: 3486 1. Be at least 18 years of age; 3487 2. Possess a current unrestricted license in a member state as an EMT, AEMT, 3488 paramedic, or state recognized and licensed level with a scope of practice and authority 3489 between EMT and paramedic; and 3490 3. Practice under the supervision of a medical director. 3491 C. An individual providing patient care in a remote state under the privilege to practice 3492 shall function within the scope of practice authorized by the home state unless and until 3493 modified by an appropriate authority in the remote state as may be defined in the rules of the 3494 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

3498	practice in the remote state and may take any other necessary actions to protect the health and
3499	safety of its citizens. If a remote state takes action it shall promptly notify the home state and
3500	the Commission.
3501	E. If an individual's license in any home state is restricted or suspended, the individual
3502	shall not be eligible to practice in a remote state under the privilege to practice until the
3503	individual's home state license is restored.
3504	F. If an individual's privilege to practice in any remote state is restricted, suspended, or
3505	revoked the individual shall not be eligible to practice in any remote state until the individual's
3506	privilege to practice is restored.
3507	SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE
3508	An individual may practice in a remote state under a privilege to practice only in the
3509	performance of the individual's EMS duties as assigned by an appropriate authority, as defined
3510	in the rules of the Commission, and under the following circumstances:
3511	1. The individual originates a patient transport in a home state and transports the
3512	patient to a remote state;
3513	2. The individual originates in the home state and enters a remote state to pick up a
3514	patient and provide care and transport of the patient to the home state;
3515	3. The individual enters a remote state to provide patient care and/or transport within
3516	that remote state;
3517	4. The individual enters a remote state to pick up a patient and provide care and
3518	transport to a third member state;
3519	5. Other conditions as determined by rules promulgated by the commission.
3520	SECTION 6. RELATIONSHIP TO EMERGENCY
3521	MANAGEMENT ASSISTANCE COMPACT
3522	Upon a member state's governor's declaration of a state of emergency or disaster that
3523	activates the Emergency Management Assistance Compact (EMAC), all relevant terms and
3524	provisions of EMAC shall apply and to the extent any terms or provisions of this Compact
3525	conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual
3526	practicing in the remote state in response to such declaration.
3527	SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING

FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

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3529 A. Member states shall consider a veteran, active military service member, and 3530 member of the National Guard and Reserves separating from an active duty tour, and a spouse 3531 thereof, who holds a current valid and unrestricted NREMT certification at or above the level 3532 of the state license being sought as satisfying the minimum training and examination 3533 requirements for such licensure. 3534 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 3535 3536 separating from an active duty tour, and their spouses. 3537 C. All individuals functioning with a privilege to practice under this Section remain 3538 subject to the Adverse Actions provisions of Section VIII. 3539 **SECTION 8. ADVERSE ACTIONS** 3540 A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state. 3541 3542 B. If an individual's license in any home state is restricted or suspended, the individual 3543 shall not be eligible to practice in a remote state under the privilege to practice until the 3544 individual's home state license is restored. 3545 1. All home state adverse action orders shall include a statement that the individual's 3546 compact privileges are inactive. The order may allow the individual to practice in remote states 3547 with prior written authorization from both the home state and remote state's EMS authority. 3548 2. An individual currently subject to adverse action in the home state shall not practice 3549 in any remote state without prior written authorization from both the home state and remote 3550 state's EMS authority. 3551 C. A member state shall report adverse actions and any occurrences that the 3552 individual's compact privileges are restricted, suspended, or revoked to the Commission in 3553 accordance with the rules of the Commission. 3554 D. A remote state may take adverse action on an individual's privilege to practice 3555 within that state. 3556 E. Any member state may take adverse action against an individual's privilege to 3557 practice in that state based on the factual findings of another member state, so long as each

F. A home state's EMS authority shall investigate and take appropriate action with

state follows its own procedures for imposing such adverse action.

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 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

3591 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:
  - 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 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;

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- 3653 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;
  - 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;

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- 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
  - 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

3715 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 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

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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 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.

# 3776 SECTION 12. RULEMAKING

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- 3777 A. The Commission shall exercise its rulemaking powers pursuant to the criteria set 3778 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. 3779 3780 B. If a majority of the legislatures of the member states rejects a rule, by enactment of a 3781
  - 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 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.
- 3805 H. If a hearing is held on the proposed rule or amendment, the Commission shall 3806 publish the place, time, and date of the scheduled public hearing.
- 3807 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 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

3839 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 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 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.
- 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.

3933	This Compact shall be liberally construed so as to effectuate the purposes thereof. If
3934	this compact shall be held contrary to the constitution of any state member thereto, the compact
3935	shall remain in full force and effect as to the remaining member states. Nothing in this
3936	compact supersedes state law or rules related to licensure of EMS agencies.
3937	Section 100. Section 53-10-405 is amended to read:
3938	53-10-405. DNA specimen analysis Saliva sample to be obtained by agency
3939	Blood sample to be drawn by professional.
3940	(1) (a) A saliva sample shall be obtained by the responsible agency under Subsection
3941	53-10-404(5).
3942	(b) The sample shall be obtained in a professionally acceptable manner, using
3943	appropriate procedures to ensure the sample is adequate for DNA analysis.
3944	(2) (a) A blood sample shall be drawn in a medically acceptable manner by any of the
3945	following:
3946	(i) a physician;
3947	(ii) a physician assistant;
3948	(iii) a registered nurse;
3949	(iv) a licensed practical nurse;
3950	(v) a paramedic;
3951	(vi) as provided in Subsection (2)(b), emergency medical service personnel other than
3952	paramedics; or
3953	(vii) a person with a valid permit issued by the Department of Health and Human
3954	<u>Services</u> under Section [ <del>26-1-30</del> ] <u>26B-1-202</u> .
3955	(b) The Department of Health and Human Services may designate by rule, in
3956	accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency
3957	medical service personnel, as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-101</u> , are authorized to draw
3958	blood under Subsection (2)(a)(vi), based on the type of license under Section [ <del>26-8a-302</del> ]
3959	<u>53-2d-402</u> .
3960	(c) A person authorized by this section to draw a blood sample may not be held civilly
3961	liable for drawing a sample in a medically acceptable manner.
3962	(3) A test result or opinion based upon a test result regarding a DNA specimen may not

SECTION 15. CONSTRUCTION AND SEVERABILITY

3963	be rendered inadmissible as evidence solely because of deviations from procedures adopted by
3964	the department that do not affect the reliability of the opinion or test result.
3965	(4) A DNA specimen is not required to be obtained if:
3966	(a) the court or the responsible agency confirms with the department that the
3967	department has previously received an adequate DNA specimen obtained from the person in
3968	accordance with this section; or
3969	(b) the court determines that obtaining a DNA specimen would create a substantial and
3970	unreasonable risk to the health of the person.
3971	Section 101. Section 53-21-101 is amended to read:
3972	53-21-101. Definitions.
3973	As used in this chapter:
3974	(1) "Crime scene investigator technician" means an individual employed by a law
3975	enforcement agency to collect and analyze evidence from crime scenes and crime-related
3976	incidents.
3977	(2) "Department" means the Department of Public Safety.
3978	(3) "First responder" means:
3979	(a) a law enforcement officer, as defined in Section 53-13-103;
3980	(b) an emergency medical technician, as defined in Section [ <del>26-8c-102</del> ] <u>53-2e-101</u> ;
3981	(c) an advanced emergency medical technician, as defined in Section [ <del>26-8c-102</del> ]
3982	<u>53-2e-101</u> ;
3983	(d) a paramedic, as defined in Section [ <del>26-8c-102</del> ] <u>53-2e-101</u> ;
3984	(e) a firefighter, as defined in Section 34A-3-113;
3985	(f) a dispatcher, as defined in Section 53-6-102;
3986	(g) a correctional officer, as defined in Section 53-13-104;
3987	(h) a special function officer, as defined in Section 53-13-105, employed by a local
3988	sheriff;
3989	(i) a search and rescue worker under the supervision of a local sheriff;
3990	(j) a credentialed criminal justice system victim advocate as defined in Section
3991	77-38-403 who responds to incidents with a law enforcement officer;
3992	(k) a crime scene investigator technician; or
3993	(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 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 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
- (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

4056 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;
- (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;
- 4084 (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;

4087 (d) suspend requirements in Subsections 58-17b-620(3) through (6) which require 4088 certain prescriptive procedures; 4089 (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 4090 4091 26A-1-126; 4092 (f) exempt or modify the requirement for licensure of an individual who is registered as 4093 a volunteer health practitioner as provided in Title 26, Chapter 49, Uniform Emergency 4094 Volunteer Health Practitioners Act; and 4095 (g) in accordance with rules made by the division in accordance with Title 63G, 4096 Chapter 3, Utah Administrative Rulemaking Act, exempt or modify the requirements for 4097 licensure of an individual engaged in one or more of the construction trades described in 4098 Chapter 55, Utah Construction Trades Licensing Act. 4099 (5) Individuals exempt under Subsection (4)(c) and individuals operating under 4100 modified scope of practice provisions under Subsection (4)(b): 4101 (a) are exempt from licensure or subject to modified scope of practice for the duration 4102 of the emergency; 4103 (b) must be engaged in the distribution of medicines or medical devices in response to 4104 the emergency or declaration; and 4105 (c) must be employed by or volunteering for: 4106 (i) a local or state department of health; or 4107 (ii) a host entity as defined in Section 26-49-102. 4108 (6) In accordance with the protocols established under Subsection (8), upon the 4109 declaration of a national, state, or local emergency, the Department of Health or a local health 4110 department shall coordinate with public safety authorities as defined in Subsection 4111 26-23b-110(1) and may: 4112 (a) use a vaccine, antiviral, antibiotic, or other prescription medication that is not a 4113 controlled substance to prevent or treat a disease or condition that gave rise to, or was a 4114 consequence of, the emergency: or 4115 (b) distribute a vaccine, antiviral, antibiotic, or other prescription medication that is not 4116 a controlled substance:

(i) if necessary, to replenish a commercial pharmacy in the event that the commercial

4118	pharmacy's normal source of the vaccine, antiviral, antibiotic, or other prescription medication
4119	is exhausted; or
4120	(ii) for dispensing or direct administration to treat the disease or condition that gave
4121	rise to, or was a consequence of, the emergency by:
4122	(A) a pharmacy;
4123	(B) a prescribing practitioner;
4124	(C) a licensed health care facility;
4125	(D) a federally qualified community health clinic; or
4126	(E) a governmental entity for use by a community more than 50 miles from a person
4127	described in Subsections (6)(b)(ii)(A) through (D).
4128	(7) In accordance with protocols established under Subsection (8), upon the declaration
4129	of a national, state, or local emergency, the Department of Health shall coordinate the
4130	distribution of medications:
4131	(a) received from the strategic national stockpile to local health departments; and
4132	(b) from local health departments to emergency personnel within the local health
4133	departments' geographic region.
4134	(8) The Department of Health shall establish by rule, made in accordance with Title
4135	63G, Chapter 3, Utah Administrative Rulemaking Act, protocols for administering, dispensing,
4136	and distributing a vaccine, an antiviral, an antibiotic, or other prescription medication that is
4137	not a controlled substance in the event of a declaration of a national, state, or local emergency.
4138	The protocol shall establish procedures for the Department of Health or a local health
4139	department to:
4140	(a) coordinate the distribution of:
4141	(i) a vaccine, an antiviral, an antibiotic, or other prescription medication that is not a
4142	controlled substance received by the Department of Health from the strategic national stockpile
4143	to local health departments; and
4144	(ii) a vaccine, an antiviral, an antibiotic, or other non-controlled prescription
4145	medication received by a local health department to emergency personnel within the local
4146	health department's geographic region;
4147	(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

4149	of a patient without a patient-practitioner relationship, if the contact's condition is the same as
4150	that of the physician's or physician assistant's patient; and
4151	(c) authorize the administration, distribution, or dispensing of a vaccine, an antiviral,
4152	an antibiotic, or other non-controlled prescription medication to an individual who:
4153	(i) is working in a triage situation;
4154	(ii) is receiving preventative or medical treatment in a triage situation;
4155	(iii) does not have coverage for the prescription in the individual's health insurance
4156	plan;
4157	(iv) is involved in the delivery of medical or other emergency services in response to
4158	the declared national, state, or local emergency; or
4159	(v) otherwise has a direct impact on public health.
4160	(9) The Department of Health shall give notice to the division upon implementation of
4161	the protocol established under Subsection (8).
4162	Section 103. Section <b>58-1-509</b> is amended to read:
4163	58-1-509. Patient consent for certain medical examinations.
4164	(1) As used in this section:
4165	(a) "Health care provider" means:
4166	(i) an individual who is:
4167	(A) a healthcare provider as defined in Section 78B-3-403; and
4168	(B) licensed under this title;
4169	(ii) emergency medical service personnel as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-101</u> ;
4170	or
4171	(iii) an individual described in Subsection 58-1-307(1)(b) or (c).
4172	(b) "Patient examination" means a medical examination that requires contact with the
4173	patient's sexual organs.
4174	(2) A health care provider may not perform a patient examination on an anesthetized or
4175	unconscious patient unless:
4176	(a) the health care provider obtains consent from the patient or the patient's
4177	representative in accordance with Subsection (3);
4178	(b) a court orders performance of the patient examination for the collection of
4179	evidence;

4180	(c) the performance of the patient examination is within the scope of care for a
4181	procedure or diagnostic examination scheduled to be performed on the patient; or
4182	(d) the patient examination is immediately necessary for diagnosis or treatment of the
4183	patient.
4184	(3) To obtain consent to perform a patient examination on an anesthetized or
4185	unconscious patient, before performing the patient examination, the health care provider shall:
4186	(a) provide the patient or the patient's representative with a written or electronic
4187	document that:
4188	(i) is provided separately from any other notice or agreement;
4189	(ii) contains the following heading at the top of the document in not smaller than
4190	18-point bold face type: "CONSENT FOR EXAMINATION OF PELVIC REGION";
4191	(iii) specifies the nature and purpose of the patient examination;
4192	(iv) names one or more primary health care providers whom the patient or the patient's
4193	representative may authorize to perform the patient examination;
4194	(v) states whether there may be a student or resident that the patient or the patient's
4195	representative authorizes to:
4196	(A) perform an additional patient examination; or
4197	(B) observe or otherwise be present at the patient examination, either in person or
4198	through electronic means; and
4199	(vi) provides the patient or the patient's representative with a series of check boxes that
4200	allow the patient or the patient's representative to:
4201	(A) consent to the patient examination for diagnosis or treatment and an additional
4202	patient examination performed by a student or resident for an educational or training purpose;
4203	(B) consent to the patient examination only for diagnosis or treatment; or
4204	(C) refuse to consent to the patient examination;
4205	(b) obtain the signature of the patient or the patient's representative on the written or
4206	electronic document while witnessed by a third party; and
4207	(c) sign the written or electronic document.
4208	Section 104. Section 58-37-8 is amended to read:
4209	58-37-8. Prohibited acts Penalties.
4210	(1) Prohibited acts A Penalties and reporting:

4211 (a) Except as authorized by this chapter, it is unlawful for a person to knowingly and 4212 intentionally: 4213 (i) produce, manufacture, or dispense, or to possess with intent to produce. 4214 manufacture, or dispense, a controlled or counterfeit substance; 4215 (ii) distribute a controlled or counterfeit substance, or to agree, consent, offer, or 4216 arrange to distribute a controlled or counterfeit substance; 4217 (iii) possess a controlled or counterfeit substance with intent to distribute; or 4218 (iv) engage in a continuing criminal enterprise where: 4219 (A) the person participates, directs, or engages in conduct that results in a violation of 4220 [Chapter 37, Utah Controlled Substances Act] this chapter, Chapter 37a, Utah Drug 4221 Paraphernalia Act, Chapter 37b, Imitation Controlled Substances Act, Chapter 37c, Utah 4222 Controlled Substance Precursor Act, or Chapter 37d, Clandestine Drug Lab Act, that is a 4223 felony; and 4224 (B) the violation is a part of a continuing series of two or more violations of [Chapter 4225 37, Utah Controlled Substances Act] this chapter, Chapter 37a, Utah Drug Paraphernalia Act, 4226 Chapter 37b, Imitation Controlled Substances Act, Chapter 37c, Utah Controlled Substance 4227 Precursor Act, or Chapter 37d, Clandestine Drug Lab Act, on separate occasions that are 4228 undertaken in concert with five or more persons with respect to whom the person occupies a 4229 position of organizer, supervisor, or any other position of management. 4230 (b) A person convicted of violating Subsection (1)(a) with respect to: 4231 (i) a substance or a counterfeit of a substance classified in Schedule I or II, a controlled 4232 substance analog, or gammahydroxybutyric acid as listed in Schedule III is guilty of a second 4233 degree felony, punishable by imprisonment for not more than 15 years, and upon a second or 4234 subsequent conviction is guilty of a first degree felony; 4235 (ii) a substance or a counterfeit of a substance classified in Schedule III or IV, or 4236 marijuana, or a substance listed in Section 58-37-4.2 is guilty of a third degree felony, and 4237 upon a second or subsequent conviction is guilty of a second degree felony; or 4238 (iii) a substance or a counterfeit of a substance classified in Schedule V is guilty of a 4239 class A misdemeanor and upon a second or subsequent conviction is guilty of a third degree 4240 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:
- (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.
- 4274 (b) A person convicted of violating Subsection (2)(a)(i) with respect to:
- 4275 (i) marijuana, if the amount is 100 pounds or more, is guilty of a second degree felony; 4276 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 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

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4304 (ii) Subsection (2)(d), the person may be sentenced to imprisonment for an 4305 indeterminate term as provided by law, and the court shall additionally sentence the person 4306 convicted to a term of six months to run consecutively and not concurrently. 4307 (f) A person convicted of violating Subsection (2)(a)(ii) or (iii) is: 4308 (i) on a first conviction, guilty of a class B misdemeanor; 4309 (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. 4310 4311 (g) The Administrative Office of the Courts shall report to the Division of Professional 4312 Licensing the name, case number, date of conviction, and if known, the date of birth of each 4313 person convicted of violating Subsection (2)(a). 4314 (3) Prohibited acts C -- Penalties: 4315 (a) It is unlawful for a person knowingly and intentionally: 4316 (i) to use in the course of the manufacture or distribution of a controlled substance a 4317 license number which is fictitious, revoked, suspended, or issued to another person or, for the 4318 purpose of obtaining a controlled substance, to assume the title of, or represent oneself to be, a 4319 manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, or other authorized 4320 person; 4321 (ii) to acquire or obtain possession of, to procure or attempt to procure the 4322 administration of, to obtain a prescription for, to prescribe or dispense to a person known to be 4323 attempting to acquire or obtain possession of, or to procure the administration of a controlled 4324 substance by misrepresentation or failure by the person to disclose receiving a controlled 4325 substance from another source, fraud, forgery, deception, subterfuge, alteration of a 4326 prescription or written order for a controlled substance, or the use of a false name or address; 4327 (iii) to make a false or forged prescription or written order for a controlled substance, 4328 or to utter the same, or to alter a prescription or written order issued or written under the terms of this chapter; or 4329 4330 (iv) to make, distribute, or possess a punch, die, plate, stone, or other thing designed to 4331 print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or 4332 device of another or any likeness of any of the foregoing upon any drug or container or labeling

(b) (i) A first or second conviction under Subsection (3)(a)(i), (ii), or (iii) is a class A

so as to render a drug a counterfeit controlled substance.

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4335 misdemeanor. 4336 (ii) A third or subsequent conviction under Subsection (3)(a)(i), (ii), or (iii) is a third 4337 degree felony. 4338 (c) A violation of Subsection (3)(a)(iv) is a third degree felony. 4339 (4) Prohibited acts D -- Penalties: 4340 (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 4341 4342 upon conviction subject to the penalties and classifications under this Subsection (4) if the trier 4343 of fact finds the act is committed: 4344 (i) in a public or private elementary or secondary school or on the grounds of any of 4345 those schools during the hours of 6 a.m. through 10 p.m.; 4346 (ii) in a public or private vocational school or postsecondary institution or on the 4347 grounds of any of those schools or institutions during the hours of 6 a.m. through 10 p.m.; 4348 (iii) in or on the grounds of a preschool or child-care facility during the preschool's or facility's hours of operation; 4349 4350 (iv) in a public park, amusement park, arcade, or recreation center when the public or 4351 amusement park, arcade, or recreation center is open to the public; 4352 (v) in or on the grounds of a house of worship as defined in Section 76-10-501; 4353 (vi) in or on the grounds of a library when the library is open to the public; 4354 (vii) within an area that is within 100 feet of any structure, facility, or grounds included 4355 in Subsections (4)(a)(i)[, (ii), (iii), (iv), (v), and] through (vi); 4356 (viii) in the presence of a person younger than 18 years old, regardless of where the act 4357 occurs; or 4358 (ix) for the purpose of facilitating, arranging, or causing the transport, delivery, or 4359 distribution of a substance in violation of this section to an inmate or on the grounds of a 4360 correctional facility as defined in Section 76-8-311.3. 4361 (b) (i) A person convicted under this Subsection (4) is guilty of a first degree felony 4362 and shall be imprisoned for a term of not less than five years if the penalty that would

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(ii) Imposition or execution of the sentence may not be suspended, and the person is

otherwise have been established but for this Subsection (4) would have been a first degree

4366 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 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 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.

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4428 (c) (i) The defendant shall provide written notice of intent to claim an affirmative 4429 defense under this Subsection (12) as soon as practicable, but not later than 10 days before 4430 trial. 4431 (ii) The notice shall include the specific claims of the affirmative defense. 4432 (iii) The court may waive the notice requirement in the interest of justice for good 4433 cause shown, if the prosecutor is not unfairly prejudiced by the lack of timely notice. 4434 (d) The defendant shall establish the affirmative defense under this Subsection (12) by 4435 a preponderance of the evidence. If the defense is established, it is a complete defense to the 4436 charges. 4437 (13) (a) It is an affirmative defense that the person produced, possessed, or 4438 administered a controlled substance listed in Section 58-37-4.2 if the person was: 4439 (i) engaged in medical research; and 4440 (ii) a holder of a valid license to possess controlled substances under Section 58-37-6. 4441 (b) It is not a defense under Subsection (13)(a) that the person prescribed or dispensed 4442 a controlled substance listed in Section 58-37-4.2. 4443 (14) It is an affirmative defense that the person possessed, in the person's body, a 4444 controlled substance listed in Section 58-37-4.2 if: 4445 (a) the person was the subject of medical research conducted by a holder of a valid 4446 license to possess controlled substances under Section 58-37-6; and 4447 (b) the substance was administered to the person by the medical researcher. 4448 (15) The application of any increase in penalty under this section to a violation of 4449 Subsection (2)(a)(i) may not result in any greater penalty than a second degree felony. This 4450 Subsection (15) takes precedence over any conflicting provision of this section. 4451 (16) (a) It is an affirmative defense to an allegation of the commission of an offense 4452 listed in Subsection (16)(b) that the person or bystander: 4453 (i) reasonably believes that the person or another person is experiencing an overdose 4454 event due to the ingestion, injection, inhalation, or other introduction into the human body of a 4455 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

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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 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.
- 4487 (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:

4490	(a) a screening as defined in Section 41-6a-501;
4491	(b) an assessment as defined in Section 41-6a-501 if the screening indicates an
4492	assessment to be appropriate; and
4493	(c) an educational series as defined in Section 41-6a-501 or substance use disorder
4494	treatment as indicated by an assessment.
4495	Section 105. Section <b>59-12-801</b> is amended to read:
4496	59-12-801. Definitions.
4497	As used in this part:
4498	(1) "Emergency medical services" is as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-101</u> .
4499	(2) "Federally qualified health center" is as defined in 42 U.S.C. Sec. 1395x.
4500	(3) "Freestanding urgent care center" means a facility that provides outpatient health
4501	care service:
4502	(a) on an as-needed basis, without an appointment;
4503	(b) to the public;
4504	(c) for the diagnosis and treatment of a medical condition if that medical condition
4505	does not require hospitalization or emergency intervention for a life threatening or potentially
4506	permanently disabling condition; and
4507	(d) including one or more of the following services:
4508	(i) a medical history physical examination;
4509	(ii) an assessment of health status; or
4510	(iii) treatment:
4511	(A) for a variety of medical conditions; and
4512	(B) that is commonly offered in a physician's office.
4513	(4) "Nursing care facility" is as defined in Section 26-21-2.
4514	(5) "Rural city hospital" means a hospital owned by a city that is located within a third,
4515	fourth, fifth, or sixth class county.
4516	(6) "Rural county health care facility" means a:
4517	(a) rural county hospital; or
4518	(b) rural county nursing care facility.
4519	(7) "Rural county hospital" means a hospital owned by a county that is:
4520	(a) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and

4521	(b) located outside of a standard metropolitan statistical area, as designated by the
4522	United States Bureau of the Census.
4523	(8) "Rural county nursing care facility" means a nursing care facility owned by:
4524	(a) a county that is:
4525	(i) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and
4526	(ii) located outside of a standard metropolitan statistical area, as designated by the
4527	United States Census Bureau; or
4528	(b) a special service district if the special service district is:
4529	(i) created for the purpose of operating the nursing care facility; and
4530	(ii) within a county that is:
4531	(A) a third, fourth, fifth, or sixth class county, as defined in Section 17-50-501; and
4532	(B) located outside of a standard metropolitan statistical area, as designated by the
4533	United States Census Bureau.
4534	(9) "Rural emergency medical services" means emergency medical services that are
4535	provided by a county that is:
4536	(a) a fifth or sixth class county, as defined in Section 17-50-501; and
4537	(b) located outside of a standard metropolitan statistical area, as designated by the
4538	United States Census Bureau.
4539	(10) "Rural health clinic" is as defined in 42 U.S.C. Sec. 1395x.
4540	Section 106. Section <b>62A-15-629</b> is amended to read:
4541	62A-15-629. Temporary commitment Requirements and procedures Rights
4542	(1) An adult shall be temporarily, involuntarily committed to a local mental health
4543	authority upon:
4544	(a) a written application that:
4545	(i) is completed by a responsible individual who has reason to know, stating a belief
4546	that the adult, due to mental illness, is likely to pose substantial danger to self or others if not
4547	restrained and stating the personal knowledge of the adult's condition or circumstances that
4548	lead to the individual's belief; and
4549	(ii) includes a certification by a licensed physician, licensed physician assistant,
4550	licensed nurse practitioner, or designated examiner stating that the physician, physician
4551	assistant, nurse practitioner, or designated examiner has examined the adult within a three-day

4552	period immediately preceding the certification, and that the physician, physician assistant,
4553	nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult
4554	poses a substantial danger to self or others; or
4555	(b) a peace officer or a mental health officer:
4556	(i) observing an adult's conduct that gives the peace officer or mental health officer
4557	probable cause to believe that:
4558	(A) the adult has a mental illness; and
4559	(B) because of the adult's mental illness and conduct, the adult poses a substantial
4560	danger to self or others; and
4561	(ii) completing a temporary commitment application that:
4562	(A) is on a form prescribed by the division;
4563	(B) states the peace officer's or mental health officer's belief that the adult poses a
4564	substantial danger to self or others;
4565	(C) states the specific nature of the danger;
4566	(D) provides a summary of the observations upon which the statement of danger is
4567	based; and
4568	(E) provides a statement of the facts that called the adult to the peace officer's or
4569	mental health officer's attention.
4570	(2) If at any time a patient committed under this section no longer meets the
4571	commitment criteria described in Subsection (1), the local mental health authority or the local
4572	mental health authority's designee shall document the change and release the patient.
4573	(3) (a) A patient committed under this section may be held for a maximum of 24 hours
4574	after commitment, excluding Saturdays, Sundays, and legal holidays, unless:
4575	(i) as described in Section 62A-15-631, an application for involuntary commitment is
4576	commenced, which may be accompanied by an order of detention described in Subsection
4577	62A-15-631(4);
4578	(ii) the patient makes a voluntary application for admission; or
4579	(iii) before expiration of the 24 hour period, a licensed physician, licensed physician
4580	assistant, licensed nurse practitioner, or designated examiner examines the patient and certifies
4581	in writing that:

(A) the patient, due to mental illness, poses a substantial danger to self or others;

4583 (B) additional time is necessary for evaluation and treatment of the patient's mental 4584 illness; and 4585 (C) there is no appropriate less-restrictive alternative to commitment to evaluate and 4586 treat the patient's mental illness. 4587 (b) A patient described in Subsection (3)(a)(iii) may be held for a maximum of 48 4588 hours after the 24 hour period described in Subsection (3)(a) expires, excluding Saturdays, 4589 Sundays, and legal holidays. 4590 (c) Subsection (3)(a)(iii) applies to an adult patient. 4591 (4) Upon a written application described in Subsection (1)(a) or the observation and 4592 belief described in Subsection (1)(b)(i), the adult shall be: 4593 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for 4594 public safety; and 4595 (b) transported for temporary commitment to a facility designated by the local mental 4596 health authority, by means of: 4597 (i) an ambulance, if the adult meets any of the criteria described in Section 26-8a-305; 4598 (ii) an ambulance, if a peace officer is not necessary for public safety, and 4599 transportation arrangements are made by a physician, physician assistant, nurse practitioner, 4600 designated examiner, or mental health officer: 4601 (iii) the city, town, or municipal law enforcement authority with jurisdiction over the 4602 location where the adult is present, if the adult is not transported by ambulance; 4603 (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law 4604 enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by 4605 ambulance; or 4606 (v) nonemergency secured behavioral health transport as that term is defined in Section 4607 [<del>26-8a-102</del>] 53-2d-101. 4608 (5) Notwithstanding Subsection (4): 4609 (a) an individual shall be transported by ambulance to an appropriate medical facility 4610 for treatment if the individual requires physical medical attention; 4611 (b) if an officer has probable cause to believe, based on the officer's experience and 4612 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

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- 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.
- 4627 (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 107. Section **62A-15-1401** is amended to read:
- 4631 **62A-15-1401.** Definitions.
- 4632 As used in this part:
- 4633 (1) "Commission" means the Behavioral Health Crisis Response Commission created 4634 in Section 63C-18-202.
- 4635 (2) "Emergency medical service personnel" means the same as that term is defined in 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.
- 4643 (6) "Mental health crisis" means a mental health condition that manifests itself by
  4644 symptoms of sufficient severity that a prudent layperson who possesses an average knowledge

Committee, is repealed July 1, 2026.

4645 of mental health issues could reasonably expect the absence of immediate attention or 4646 intervention to result in: 4647 (a) serious jeopardy to the individual's health or well-being; or 4648 (b) a danger to others. 4649 (7) (a) "Mental health crisis services" means mental health services and on-site 4650 intervention that a person renders to an individual suffering from a mental health crisis. 4651 (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 4652 4653 resources. 4654 (8) "Mental health therapist" means the same as that term is defined in Section 4655 58-60-102. 4656 (9) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and 4657 mental health professionals that provides mental health crisis services and, based on the 4658 individual circumstances of each case, coordinates with local law enforcement, emergency 4659 medical service personnel, and other appropriate state or local resources. Section 108. Section **63I-1-226** is amended to read: 4660 4661 63I-1-226. Repeal dates: Title 26 through 26B. 4662 (1) Section 26-1-7.5, which creates the Utah Health Advisory Council, is repealed July 4663 1, 2025. 4664 (2) Section 26-1-40 is repealed July 1, 2022. 4665 [(3)] (2) Section 26-1-41 is repealed July 1, 2026.  $\left[\frac{4}{4}\right]$  (3) Section 26-1-43 is repealed December 31, 2025. 4666 4667 [(5)] (4) Section 26-7-10 is repealed July 1, 2025. [<del>(6)</del>] (5) Subsection 26-7-11(5), regarding reports to the Legislature, is repealed July 1, 4668 4669 2028. 4670  $\left[\frac{7}{1}\right]$  (6) Section 26-7-14 is repealed December 31, 2027. [<del>(8)</del> Section 26-8a-603 is repealed July 1, 2027.] 4671 [(9)] (7) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed 4672 4673 July 1, 2025.

[(10)] (8) Subsection 26-10-6(5), which creates the Newborn Hearing Screening

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- 4676 [(11)] (9) Section 26-10b-106, which creates the Primary Care Grant Committee, is repealed July 1, 2025.
- 4678 [(12) Subsection 26-15c-104(3), relating to a limitation on the number of
- 4679 microenterprise home kitchen permits that may be issued, is repealed July 1, 2022.]
- 4680 [(13)] (10) Subsection 26-18-2.6(9), which addresses reimbursement for dental hygienists, is repealed July 1, 2028.
- 4682 [<del>(14)</del>] (11) Section 26-18-27 is repealed July 1, 2025.
- 4683 [<del>(15)</del>] (12) Section 26-18-28 is repealed June 30, 2027.
- 4684 [(16)] (13) Title 26, Chapter 18, Part 2, Drug Utilization Review Board, is repealed
- 4685 July 1, 2027.
- 4686 [(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.
- 4688 [(18)] (15) Section 26-33a-117 is repealed December 31, 2023.
- 4689 [(19)] (16) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1,
- 4690 2024.
- 4691 [(20)] (17) Title 26, Chapter 36b, Inpatient Hospital Assessment Act, is repealed July
- 4692 1, 2024.
- 4693 [(21)] (18) Title 26, Chapter 36c, Medicaid Expansion Hospital Assessment Act, is
- 4694 repealed July 1, 2024.
- 4695 [(22)] (19) Title 26, Chapter 36d, Hospital Provider Assessment Act, is repealed July
- 4696 1, 2024.
- 4697 [(23)] (20) Section 26-39-201, which creates the Residential Child Care Licensing
- 4698 Advisory Committee, is repealed July 1, 2024.
- 4699 [(24)] (21) Section 26-39-405, Drinking water quality in child care centers, is repealed
- 4700 July 1, 2027.
- 4701 [(25)] (22) Section 26-40-104, which creates the Utah Children's Health Insurance
- 4702 Program Advisory Council, is repealed July 1, 2025.
- 4703 [(26)] (23) Section 26-50-202, which creates the Traumatic Brain Injury Advisory
- 4704 Committee, is repealed July 1, 2025.
- 4705 [(27)] (24) Title 26, Chapter 54, Spinal Cord and Brain Injury Rehabilitation Fund and
- 4706 Pediatric Neuro-Rehabilitation Fund, is repealed January 1, 2025.

- 4707 [(28)] (25) Title 26, Chapter 66, Early Childhood Utah Advisory Council, is repealed 4708 July 1, 2026.
- 4709 [(29)] (26) Title 26, Chapter 68, COVID-19 Vaccine Restrictions Act, is repealed July 4710 1, 2024.
- 4711 [(30)] (27) Section 26-69-406 is repealed July 1, 2025.
- 4712  $[\frac{(31)}{28}]$  Subsection  $[\frac{26B-1-204(2)(i)}{26B-1-204(2)(g)}$ , related to the Residential
- 4713 Child Care Licensing Advisory Committee, is repealed July 1, 2024.
- 4714 [(32)] (29) Subsection [26B-1-204(2)(k),] [26B-1-204(2)(i),] related to the Primary Care
- 4715 Grant Committee, is repealed July 1, 2025.
- 4716 Section 109. Section **63I-1-253** is amended to read:
- 4717 **63I-1-253.** Repeal dates: Titles **53** through **53G.**
- 4718 (1) Section 53-2a-105, which creates the Emergency Management Administration
- 4719 Council, is repealed July 1, 2027.
- 4720 (2) Sections 53-2a-1103 and 53-2a-1104, which create the Search and Rescue Advisory
- 4721 Board, are repealed July 1, 2027.
- 4722 (3) Section 53-2d-703 is repealed July 1, 2027
- 4723 [(3)] (4) Section 53-5-703, which creates the Concealed Firearm Review Board, is
- 4724 repealed July 1, 2023.
- 4725 [(4)] (5) Section 53B-6-105.5, which creates the Technology Initiative Advisory Board,
- 4726 is repealed July 1, 2024.
- 4727 [(5)] (6) Section 53B-7-709, regarding five-year performance goals for the Utah
- 4728 System of Higher Education is repealed July 1, 2027.
- 4729 [(6)] (7) Title 53B, Chapter 17, Part 11, USTAR Researchers, is repealed July 1, 2028.
- 4730 [(7)] (8) Section 53B-17-1203, which creates the SafeUT and School Safety
- 4731 Commission, is repealed January 1, 2025.
- 4732 [(8)] (9) Title 53B, Chapter 18, Part 16, USTAR Researchers, is repealed July 1, 2028.
- 4733 [(9)] (10) Subsection 53C-3-203(4)(b)(vii), which provides for the distribution of
- 4734 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.
- 4736 [(10)] (11) [Subsection] Subsections 53E-3-503(5) and (6), which create coordinating
- 4737 councils for youth in custody, are repealed July 1, 2027.

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July 1, 2027.

4738 [(11)] (12) In relation to a standards review committee, on January 1, 2028: 4739 (a) in Subsection 53E-4-202(8), the language "by a standards review committee and the 4740 recommendations of a standards review committee established under Section 53E-4-203" is 4741 repealed; and 4742 (b) Section 53E-4-203 is repealed. 4743 [(12)] (13) Section 53E-4-402, which creates the State Instructional Materials 4744 Commission, is repealed July 1, 2027. 4745 [<del>(13)</del>] (14) Title 53E, Chapter 6, Part 5, Utah Professional Practices Advisory 4746 Commission, is repealed July 1, 2023. 4747 [<del>(14)</del>] (15) Section 53F-2-420, which creates the Intensive Services Special Education 4748 Pilot Program, is repealed July 1, 2024. 4749  $[\frac{(15)}{(16)}]$  (16) Section 53F-5-203 is repealed July 1, 2024. 4750  $[\frac{(16)}{(17)}]$  (17) Section 53F-5-213 is repealed July 1, 2023. 4751 [<del>(17)</del>] (18) Section 53F-5-214, in relation to a grant for professional learning, is 4752 repealed July 1, 2025. 4753 [(18)] (19) Section 53F-5-215, in relation to an elementary teacher preparation grant, is 4754 repealed July 1, 2025. 4755 [<del>(19)</del>] (20) Section 53F-5-219, which creates the Local [<del>Nonovations</del>] Innovations 4756 Civics Education Pilot Program, is repealed on July 1, 2025. 4757 [<del>(20)</del>] (21) Subsection 53F-9-203(7), which creates the Charter School Revolving 4758 Account Committee, is repealed July 1, 2024. 4759 [<del>(21)</del>] (22) Subsections 53G-4-608(2)(b) and (4)(b), related to the Utah Seismic Safety 4760 Commission, are repealed January 1, 2025. 4761 [<del>(22)</del>] (23) Subsection 53G-8-211(5), regarding referrals of a minor to court for a class 4762 C misdemeanor, is repealed July 1, 2027. 4763 [(23)] (24) Section 53G-9-212, Drinking water quality in schools, is repealed July 1. 4764 2027. 4765 [(24)] (25) Title 53G, Chapter 10, Part 6, Education Innovation Program, is repealed

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Section 110. Section **63I-2-226** is amended to read:

63I-2-226. Repeal dates: Titles 26 through 26B.

4769 [(1) Subsection 26-2-12.6(3), relating to the report for birth certificate fees, is repealed 4770 December 31, 2022.] 4771  $\left[\frac{2}{2}\right]$  (1) Subsection 26-7-8(3) is repealed January 1, 2027. 4772 (3) Section 26-8a-107 is repealed July 1, 2024. 4773 [(4) Subsection 26-8a-203(3)(a)(i) is repealed January 1, 2023.] 4774 [(5) Section 26-8a-211 is repealed July 1, 2023. (6) In relation to the Air Ambulance 4775 Committee, on July 1, 2024, Subsection 26-8a-602(1)(a) is amended to read: 4776 "(a) provide the patient or the patient's representative with the following information 4777 before contacting an air medical transport provider: 4778 (i) which health insurers in the state the air medical transport provider contracts with: 4779 (ii) if sufficient data is available, the average charge for air medical transport services 4780 for a patient who is uninsured or out of network; and 4781 (iii) whether the air medical transport provider balance bills a patient for any charge not 4782 paid by the patient's health insurer; and".] 4783  $[\frac{7}{(7)}]$  (2) Subsection 26-18-2.4(3)(e) is repealed January 1, 2023. 4784 [8] (3) Subsection 26-18-411(8), related to reporting on the health coverage 4785 improvement program, is repealed January 1, 2023. 4786  $\left[\frac{(9)}{(9)}\right]$  (4) Subsection 26-18-420(5), related to reporting on coverage for in vitro 4787 fertilization and genetic testing, is repealed July 1, 2030. [(10)] (5) In relation to the Air Ambulance Committee, July 1, 2024, Subsection 4788 4789 26-21-32(1)(a) is amended to read: 4790 "(a) provide the patient or the patient's representative with the following information 4791 before contacting an air medical transport provider: 4792 (i) which health insurers in the state the air medical transport provider contracts with; 4793 (ii) if sufficient data is available, the average charge for air medical transport services 4794 for a patient who is uninsured or out of network; and 4795 (iii) whether the air medical transport provider balance bills a patient for any charge not 4796 paid by the patient's health insurer; and". 4797  $[\frac{(11)}{(11)}]$  (6) Subsection 26-33a-106.1(2)(a) is repealed January 1, 2023. 4798 [<del>(12)</del>] (7) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance 4799 Program, is repealed July 1, 2027.

4800	[ <del>(13)</del> Subsection 26-61-202(4)(b) is repealed January 1, 2022.]
4801	[ <del>(14)</del> Subsection 26-61-202(5) is repealed January 1, 2022.]
4802	[(15) Subsection 26B-1-204(2)(f), relating to the Air Ambulance Committee, is
4803	repealed July 1, 2024.]
4804	Section 111. Section <b>63I-2-253</b> is amended to read:
4805	63I-2-253. Repeal dates: Titles 53 through 53G.
4806	(1) Subsection 53-1-104(1)(g), regarding the Air Ambulance Committee, is repealed
4807	July 1, 2024.
4808	(2) Section 53-2d-107, regarding the Air Ambulance Committee, is repealed July 1,
4809	<u>2024.</u>
4810	(3) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection
4811	53-2d-702(1)(a) is amended to read:
4812	(a) provide the patient or the patient's representative with the following information
4813	before contacting an air medical transport provider:
4814	(i) which health insurers in the state the air medical transport provider contracts with;
4815	(ii) if sufficient data is available, the average charge for air medical transport services
4816	for a patient who is uninsured or out of network; and
4817	(iii) whether the air medical transport provider balance bills a patient for any charge
4818	not paid by the patient's health insurer; and".
4819	(4) (a) Subsection 53B-2a-108(5), regarding exceptions to the composition of a
4820	technical college board of trustees, is repealed July 1, 2022.
4821	(b) When repealing Subsection 53B-2a-108(5), the Office of Legislative Research and
4822	General Counsel shall, in addition to its authority under Subsection 36-12-12(3), make
4823	necessary changes to subsection numbering and cross references.
4824	[ <del>(2)</del> ] <u>(5)</u> Section 53B-6-105.7 is repealed July 1, 2024.
4825	[ <del>(3)</del> ] <u>(6)</u> Section 53B-7-707 regarding performance metrics for technical colleges is
4826	repealed July 1, 2023.
4827	[ <del>(4)</del> ] <u>(7)</u> Section 53B-8-114 is repealed July 1, 2024.
4828	$[\underbrace{(5)}]$ (8) The following provisions, regarding the Regents' scholarship program, are
4829	repealed on July 1, 2023:
4830	(a) in Subsection 53B-8-105(12), the language that states, "or any scholarship

4831 established under Sections 53B-8-202 through 53B-8-205"; 4832 (b) Section 53B-8-202; 4833 (c) Section 53B-8-203; 4834 (d) Section 53B-8-204; and 4835 (e) Section 53B-8-205. 4836 [6] (9) Section 53B-10-101 is repealed on July 1, 2027. 4837 [<del>(7)</del>] (10) Title 53B, Chapter 18, Part 14, Uintah Basin Air Quality Research Project, is repealed July 1, 2023. 4838 4839  $[\frac{(8)}{(11)}]$  (11) Subsection 53E-1-201(1)(s) regarding the report by the Educational 4840 Interpretation and Translation Services Procurement Advisory Council is repealed July 1, 2024. 4841 [<del>(9)</del>] (12) Section 53E-1-202.2, regarding a Public Education Appropriations 4842 Subcommittee evaluation and recommendations, is repealed January 1, 2024. 4843 [(10)] (13) Subsection 53E-10-309(7), related to the PRIME pilot program, is repealed 4844 July 1, 2024. 4845 [(11)] (14) In Subsections 53F-2-205(4) and (5), regarding the State Board of 4846 Education's duties if contributions from the minimum basic tax rate are overestimated or 4847 underestimated, the language that states "or 53F-2-301.5, as applicable" is repealed July 1, 4848 2023. 4849 [(12)] (15) Section 53F-2-209, regarding local education agency budgetary flexibility, 4850 is repealed July 1, 2024. 4851  $[\frac{(13)}{(16)}]$  (16) Subsection 53F-2-301(1), relating to the years the section is not in effect, is 4852 repealed July 1, 2023. 4853 [(14)] (17) Section 53F-2-302.1, regarding the Enrollment Growth Contingency 4854 Program, is repealed July 1, 2023. 4855 [<del>(15)</del>] (18) Subsection 53F-2-314(4), relating to a one-time expenditure between the 4856 at-risk WPU add-on funding and previous at-risk funding, is repealed January 1, 2024. 4857 [(16)] (19) Section 53F-2-524, regarding teacher bonuses for extra work assignments, 4858 is repealed July 1, 2024. 4859  $[\frac{(17)}{(20)}]$  (20) In Subsection 53F-2-515(1), the language that states "or 53F-2-301.5, as 4860 applicable" is repealed July 1, 2023. 4861 [(18) Subsection 53F-4-401(3)(b), regarding a child enrolled or eligible for enrollment

4862 in kindergarten, is repealed July 1, 2022. 4863 (19) In Subsection 53F-4-404(4)(c), the language that states "Except as provided in 4864 Subsection (4)(d)" is repealed July 1, 2022. 4865 [(20) Subsection 53F-4-404(4)(d) is repealed July 1, 2022.] 4866 (21) In Subsection 53F-9-302(3), the language that states "or 53F-2-301.5, as 4867 applicable" is repealed July 1, 2023. 4868 (22) In Subsection 53F-9-305(3)(a), the language that states "or 53F-2-301.5, as 4869 applicable" is repealed July 1, 2023. 4870 (23) In Subsection 53F-9-306(3)(a), the language that states "or 53F-2-301.5, as 4871 applicable" is repealed July 1, 2023. 4872 (24) In Subsection 53G-3-304(1)(c)(i), the language that states "or 53F-2-301.5, as 4873 applicable" is repealed July 1, 2023. 4874 (25) On July 1, 2023, when making changes in this section, the Office of Legislative 4875 Research and General Counsel shall, in addition to the office's authority under Subsection 4876 36-12-12(3), make corrections necessary to ensure that sections and subsections identified in 4877 this section are complete sentences and accurately reflect the office's perception of the 4878 Legislature's intent. 4879 Section 112. Section **63J-1-602.2** is amended to read: 4880 63J-1-602.2. List of nonlapsing appropriations to programs. 4881 Appropriations made to the following programs are nonlapsing: 4882 (1) The Legislature and the Legislature's committees. (2) The State Board of Education, including all appropriations to agencies, line items, 4883 and programs under the jurisdiction of the State Board of Education, in accordance with 4884 4885 Section 53F-9-103. 4886 (3) The Percent-for-Art Program created in Section 9-6-404. 4887 (4) The LeRay McAllister Critical Land Conservation Program created in Section 4888 4-46-301. 4889 (5) The Utah Lake Authority created in Section 11-65-201. 4890 (6) Dedicated credits accrued to the Utah Marriage Commission as provided under 4891 Subsection 17-16-21(2)(d)(ii). 4892 (7) The Division of Wildlife Resources for the appraisal and purchase of lands under

4893	the Pelican Management Act, as provided in Section 23-21a-6.
4894	[(8) The Emergency Medical Services Grant Program in Section 26-8a-207.]
4895	[ <del>(9)</del> ] <u>(8)</u> The primary care grant program created in Section 26-10b-102.
4896	[(10)] (9) Sanctions collected as dedicated credits from Medicaid providers under
4897	Subsection 26-18-3(7).
4898	[(11)] (10) The Utah Health Care Workforce Financial Assistance Program created in
4899	Section 26-46-102.
4900	[(12)] (11) The Rural Physician Loan Repayment Program created in Section
4901	26-46a-103.
4902	[(13)] (12) The Opiate Overdose Outreach Pilot Program created in Section 26-55-107.
4903	[ <del>(14)</del> ] <u>(13)</u> The Utah Medical Education Council for the:
4904	(a) administration of the Utah Medical Education Program created in Section
4905	26-69-403;
4906	(b) provision of medical residency grants described in Section 26-69-407; and
4907	(c) provision of the forensic psychiatric fellowship grant described in Section
4908	26-69-408.
4909	[(15)] (14) Funds that the Department of Alcoholic Beverage Services retains in
4910	accordance with Subsection 32B-2-301(8)(a) or (b).
4911	[(16)] (15) The General Assistance program administered by the Department of
4912	Workforce Services, as provided in Section 35A-3-401.
4913	[(17)] (16) The Utah National Guard, created in Title 39, Militia and Armories.
4914	$[\frac{(18)}{(17)}]$ The State Tax Commission under Section 41-1a-1201 for the:
4915	(a) purchase and distribution of license plates and decals; and
4916	(b) administration and enforcement of motor vehicle registration requirements.
4917	[(19)] (18) The Search and Rescue Financial Assistance Program, as provided in
4918	Section 53-2a-1102.
4919	(19) The Emergency Medical Services Grant Program in Section 53-2d-207.
4920	(20) The Motorcycle Rider Education Program, as provided in Section 53-3-905.
4921	(21) The Utah Board of Higher Education for teacher preparation programs, as
4922	provided in Section 53B-6-104.
4923	(22) Innovation grants under Section 53G-10-608, except as provided in Subsection

- 4924 53G-10-608(6).
- 4925 (23) The Division of Services for People with Disabilities, as provided in Section
- 4926 62A-5-102.
- 4927 (24) The Division of Fleet Operations for the purpose of upgrading underground
- 4928 storage tanks under Section 63A-9-401.
- 4929 (25) The Utah Seismic Safety Commission, as provided in Section 63C-6-104.
- 4930 (26) The Division of Technology Services for technology innovation as provided under
- 4931 Section 63A-16-903.
- 4932 (27) The Office of Administrative Rules for publishing, as provided in Section
- 4933 63G-3-402.
- 4934 (28) The Colorado River Authority of Utah, created in Title 63M, Chapter 14,
- 4935 Colorado River Authority of Utah Act.
- 4936 (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.
- 4938 (30) The Governor's Office of Economic Opportunity's Rural Employment Expansion
- 4939 Program, as described in Title 63N, Chapter 4, Part 4, Rural Employment Expansion Program.
- 4940 (31) Programs for the Jordan River Recreation Area as described in Section 65A-2-8.
- 4941 (32) The Division of Human Resource Management user training program, as provided
- 4942 in Section 63A-17-106.
- 4943 (33) A public safety answering point's emergency telecommunications service fund, as
- 4944 provided in Section 69-2-301.
- 4945 (34) The Traffic Noise Abatement Program created in Section 72-6-112.
- 4946 (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
- 4948 settlement of federal reserved water right claims.
- 4949 (36) The Judicial Council for compensation for special prosecutors, as provided in
- 4950 Section 77-10a-19.
- 4951 (37) A state rehabilitative employment program, as provided in Section 78A-6-210.
- 4952 (38) The Utah Geological Survey, as provided in Section 79-3-401.
- 4953 (39) The Bonneville Shoreline Trail Program created under Section 79-5-503.
- 4954 (40) Adoption document access as provided in Sections 78B-6-141, 78B-6-144, and

4955	78B-6-144.5.
4956	(41) Indigent defense as provided in Title 78B, Chapter 22, Part 4, Utah Indigent
4957	Defense Commission.
4958	(42) The program established by the Division of Facilities Construction and
4959	Management under Section 63A-5b-703 under which state agencies receive an appropriation
4960	and pay lease payments for the use and occupancy of buildings owned by the Division of
4961	Facilities Construction and Management.
4962	(43) The State Tax Commission for reimbursing counties for deferred property taxes in
4963	accordance with Section 59-2-1802.
4964	Section 113. Section 63M-7-209 is amended to read:
4965	63M-7-209. Trauma-informed justice program.
4966	(1) As used in this section:
4967	(a) "Committee" means the Multi-Disciplinary Trauma-Informed Committee created
4968	under Subsection (2).
4969	(b) "First responder" includes:
4970	(i) a law enforcement officer, as defined in Section 53-13-103;
4971	(ii) emergency medical service personnel, as defined in Section [ <del>26-8a-102</del> ]
4972	<u>53-2d-101</u> ; and
4973	(iii) a firefighter.
4974	(c) "Trauma-informed" means a policy, procedure, program, or practice that
4975	demonstrates an ability to minimize retraumatization associated with the criminal and juvenile
4976	justice system.
4977	(d) "Victim" means the same as that term is defined in Section 77-37-2.
4978	(2) (a) The commission shall create a committee known as the Multi-Disciplinary
4979	Trauma-Informed Committee to assist the commission in meeting the requirements of this
4980	section. The commission shall provide for the membership, terms, and quorum requirements of
4981	the committee, except that:
4982	(i) at least one member of the committee shall be a victim;
4983	(ii) the executive director of the Department of Health or the executive director's
4984	designee shall be on the committee;
4985	(iii) the executive director of the Department of Human Services or the executive

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4986 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, procedures, programs, or practices, including training of:
- 5008 (A) peace officers that is consistent with the training developed under Section 5009 53-10-908;
- 5010 (B) first responders;
- 5011 (C) prosecutors;
- 5012 (D) defense counsel;
- (E) judges and other court personnel;
- (F) the Board of Pardons and Parole and its personnel;
- 5015 (G) the Department of Corrections, including Adult Probation and Parole; and
- 5016 (H) others involved in the state's criminal and juvenile justice system;

5017	(iii) recommending outcome based metrics to measure achievement related to
5018	trauma-informed policies, procedures, programs, or practices in the criminal and juvenile
5019	justice system;
5020	(iv) recommending minimum qualifications and continuing education of individuals
5021	providing training, consultation, or administrative supervisory consultation within the criminal
5022	and juvenile justice system regarding trauma-informed policies, procedures, programs, or
5023	practices;
5024	(v) identifying needs that are not funded or that would benefit from additional
5025	resources;
5026	(vi) identifying funding sources, including outlining the restrictions on the funding
5027	sources, that may fund trauma-informed policies, procedures, programs, or practices;
5028	(vii) reviewing which governmental entities should have the authority to implement
5029	recommendations of the committee; and
5030	(viii) reviewing the need, if any, for legislation or appropriations to meet budget needs.
5031	(b) Whenever the commission conducts a related survey, the commission, when
5032	possible, shall include how victims and their family members interact with Utah's criminal and
5033	juvenile justice system, including whether the victims and family members are treated with
5034	trauma-informed policies, procedures, programs, or practices throughout the criminal and
5035	juvenile justice system.
5036	(4) The commission shall establish and administer a performance incentive grant
5037	program that allocates money appropriated by the Legislature to public or private entities:
5038	(a) to provide advocacy and related service for victims in connection with the Board of
5039	Pardons and Parole process; and
5040	(b) that have demonstrated experience and competency in the best practices and
5041	standards of trauma-informed care.
5042	(5) The commission shall report to the Judiciary Interim Committee, at the request of
5043	the Judiciary Interim Committee, and the Law Enforcement and Criminal Justice Interim
5044	Committee by no later than the September 2019 interim regarding the grant under Subsection
5045	(4), the committee's activities under this section, and whether the committee should be

Section 114. Section **67-20-2** is amended to read:

extended beyond June 30, 2020.

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5048	67-20-2. Definitions.
5049	As used in this chapter:
5050	(1) "Agency" means:
5051	(a) a department, institution, office, college, university, authority, division, board,
5052	bureau, commission, council, or other agency of the state;
5053	(b) a county, city, town, school district, or special improvement or taxing district; or
5054	(c) any other political subdivision.
5055	(2) "Compensatory service worker" means a person who performs a public service with
5056	or without compensation for an agency as a condition or part of the person's:
5057	(a) incarceration;
5058	(b) plea;
5059	(c) sentence;
5060	(d) diversion;
5061	(e) probation; or
5062	(f) parole.
5063	(3) "Emergency medical service volunteer" means an individual who:
5064	(a) provides services as a volunteer under the supervision of a supervising agency or
5065	government officer; and
5066	(b) at the time the individual provides the services described in Subsection (3)(a), is:
5067	(i) an emergency medical technician volunteer, a paramedic volunteer, an ambulance
5068	volunteer, a volunteer firefighter, or another volunteer provider of emergency medical services;
5069	and
5070	(ii) acting in the capacity of a volunteer described in Subsection (3)(b)(i).
5071	(4) "IRS aggregate amount" means the fixed or determinable income aggregate amount
5072	described in 26 C.F.R. Sec. 1.6041-1(a)(1)(i)(A).
5073	(5) (a) "Volunteer" means an individual who donates service without pay or other
5074	compensation except the following, as approved by the supervising agency:
5075	(i) expenses actually and reasonably incurred;
5076	(ii) a stipend for future higher education expenses, awarded from the National Service
5077	Trust under 45 C.F.R. Secs. 2526.10 and 2527.10;
5078	(iii) a stipend, below the IRS aggregate amount, for:

5079 (A) emergency volunteers, including emergency medical service volunteers, volunteer 5080 safety officers, and volunteer search and rescue team members; or 5081 (B) non-emergency volunteers, including senior program volunteers and community 5082 event volunteers; 5083 (iv) (A) health benefits provided through the supervising agency; or 5084 (B) for a volunteer who participates in the Volunteer Emergency Medical Service 5085 Personnel Health Insurance Program described in Section [26-8a-603] 53-2d-703, health 5086 insurance provided through the program. 5087 (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. 5088 5089 Sec. 5058; 5090 (vi) stipends or other compensation, below the IRS aggregate amount, provided to 5091 volunteers from any person: 5092 (vii) uniforms, identification, personal protective equipment, or safety equipment used 5093 by a volunteer only while volunteering for the supervising entity; 5094 (viii) a nonpecuniary item not exceeding \$50 in value; 5095 (ix) nonpecuniary items, below the IRS aggregate amount, donated to the supervising 5096 agency with the express intent of benefitting a volunteer; or 5097 (x) meals or gifts, not exceeding \$50 in value, provided as part of a volunteers 5098 appreciation event by the volunteering agency. 5099 (b) "Volunteer" does not include: 5100 (i) a person participating in human subjects research to the extent that the participation 5101 is governed by federal law or regulation inconsistent with this chapter; or 5102 (ii) a compensatory service worker. 5103 (c) "Volunteer" includes a juror or potential juror appearing in response to a summons 5104 for a trial jury or grand jury. 5105 (6) "Volunteer facilitator" means a business or nonprofit organization that, from 5106 individuals who have a relationship with the business or nonprofit organization, such as 5107 membership or employment, provides volunteers to an agency or facilitates volunteers 5108 volunteering with an agency.

(7) "Volunteer safety officer" means an individual who:

5110	(a) provides services as a volunteer under the supervision of an agency; and
5111	(b) at the time the individual provides the services to the supervising agency described
5112	in Subsection (7)(a), the individual is:
5113	(i) exercising peace officer authority as provided in Section 53-13-102; or
5114	(ii) if the supervising agency described in Subsection (7)(a) is a fire department:
5115	(A) on the rolls of the supervising agency as a firefighter;
5116	(B) not regularly employed as a firefighter by the supervising agency; and
5117	(C) acting in a capacity that includes the responsibility for the extinguishment of fire.
5118	(8) "Volunteer search and rescue team member" means an individual who:
5119	(a) provides services as a volunteer under the supervision of a county sheriff; and
5120	(b) at the time the individual provides the services to the county sheriff described in
5121	Subsection (8)(a), is:
5122	(i) certified as a member of the county sheriff's search and rescue team; and
5123	(ii) acting in the capacity of a member of the search and rescue team of the supervising
5124	county sheriff.
5125	Section 115. Section <b>72-10-502</b> is amended to read:
5126	72-10-502. Implied consent to chemical tests for alcohol or drugs Number of
5127	tests Refusal Person incapable of refusal Results of test available Who may give
5128	test Evidence Immunity from liability.
5129	(1) (a) A person operating an aircraft in this state consents to a chemical test or tests of
5130	the person's breath, blood, urine, or oral fluids:
5131	(i) for the purpose of determining whether the person was operating or in actual
5132	physical control of an aircraft while having a blood or breath alcohol content statutorily
5133	prohibited under Section 72-10-501, or while under the influence of alcohol, any drug, or
5134	combination of alcohol and any drug under Section 72-10-501, if the test is or tests are
5135	administered at the direction of a peace officer having grounds to believe that person to have
5136	been operating or in actual physical control of an aircraft in violation of Section 72-10-501; or
5137	(ii) if the person operating the aircraft is involved in an accident that results in death,
5138	serious injury, or substantial aircraft damage.
5139	(b) (i) The peace officer determines which of the tests are administered and how many
5140	of them are administered.

- 5141 (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 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;
- 5169 (ii) a registered nurse;
- 5170 (iii) a licensed practical nurse;
- 5171 (iv) a paramedic;

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- 5172 (v) as provided in Subsection (5)(b), emergency medical service personnel other than 5173 paramedics; or
  - (vi) a person with a valid permit issued by the Department of Health <u>and Human Services</u> under Section [26-1-30.] 26B-1-202.
  - (b) The Department of Health <u>and Human Services</u> may designate by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency medical service personnel, as defined in Section [<del>26-8a-102</del>] <u>53-2d-101</u>, are authorized to draw blood under Subsection (5)(a)(v), based on the type of license under Section [<del>26-8a-302</del>] 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.
  - (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.

5203	(9) The results of any test taken under this section or the refusal to be tested shall be
5204	reported to the Federal Aviation Administration by the peace officer requesting the test.
5205	(10) Notwithstanding the provisions of this section, a blood test taken under this
5206	section is subject to Section 77-23-213.
5207	Section 116. Section 76-3-203.11 is amended to read:
5208	76-3-203.11. Reporting an overdose Mitigating factor.
5209	It is a mitigating factor in sentencing for an offense under Title 58, Chapter 37, Utah
5210	Controlled Substances Act, that the person or bystander:
5211	(1) reasonably believes that the person or another person is experiencing an overdose
5212	event due to the ingestion, injection, inhalation, or other introduction into the human body of a
5213	controlled substance or other substance;
5214	(2) reports, or assists a person who reports, in good faith the overdose event to a
5215	medical provider, an emergency medical service provider as defined in Section [26-8a-102]
5216	53-2d-101, a law enforcement officer, a 911 emergency call system, or an emergency dispatch
5217	system, or the person is the subject of a report made under this section;
5218	(3) provides in the report under Subsection (2) a functional description of the location
5219	of the actual overdose event that facilitates responding to the person experiencing the overdose
5220	event;
5221	(4) remains at the location of the person experiencing the overdose event until a
5222	responding law enforcement officer or emergency medical service provider arrives, or remains
5223	at the medical care facility where the person experiencing an overdose event is located until a
5224	responding law enforcement officer arrives;
5225	(5) cooperates with the responding medical provider, emergency medical service
5226	provider, and law enforcement officer, including providing information regarding the person
5227	experiencing the overdose event and any substances the person may have injected, inhaled, or
5228	otherwise introduced into the person's body; and
5229	(6) committed the offense in the same course of events from which the reported
5230	overdose arose.
5231	Section 117. Section <b>76-5-102.7</b> is amended to read:
5232	76-5-102.7. Assault or threat of violence against health care provider, emergency
5233	medical service worker, or health facility employee, owner, or contractor Penalty.

5234	(1) (a) As used in this section:
5235	(i) "Assault" means an offense under Section 76-5-102.
5236	(ii) "Emergency medical service worker" means an individual licensed under Section
5237	[ <del>26-8a-302</del> ] <u>53-2d-40</u> .
5238	(iii) "Health care provider" means the same as that term is defined in Section
5239	78B-3-403.
5240	(iv) "Health facility" means:
5241	(A) a health care facility as defined in Section 26-21-2; and
5242	(B) the office of a private health care provider, whether for individual or group
5243	practice.
5244	(v) "Health facility employee" means an employee, owner, or contractor of a health
5245	facility.
5246	(vi) "Threat of violence" means an offense under Section 76-5-107.
5247	(b) Terms defined in Section 76-1-101.5 apply to this section.
5248	(2) (a) An actor commits assault or threat of violence against a health care provider or
5249	emergency medical service worker if:
5250	(i) the actor is not a prisoner or a detained individual;
5251	(ii) the actor commits an assault or threat of violence;
5252	(iii) the actor knew that the victim was a health care provider or emergency medical
5253	service worker; and
5254	(iv) the health care provider or emergency medical service worker was performing
5255	emergency or life saving duties within the scope of his or her authority at the time of the assault
5256	or threat of violence.
5257	(b) An actor commits assault or threat of violence against a health facility employee if:
5258	(i) the actor is not a prisoner or a detained individual;
5259	(ii) the actor commits an assault or threat of violence;
5260	(iii) the actor knew that the victim was a health facility employee; and
5261	(iv) the health facility employee was acting within the scope of the health facility
5262	employee's duties for the health facility.
5263	(3) (a) A violation of Subsection (2) is a class A misdemeanor.
5264	(b) Notwithstanding Subsection (3)(a), a violation of Subsection (2) is a third degree

5265	felony if the actor:
5266	(i) causes substantial bodily injury; and
5267	(ii) acts intentionally or knowingly.
5268	Section 118. Section 77-23-213 is amended to read:
5269	77-23-213. Blood testing.
5270	(1) As used in this section:
5271	(a) "Law enforcement purpose" means duties that consist primarily of the prevention
5272	and detection of crime and the enforcement of criminal statutes or ordinances of this state or
5273	any of this state's political subdivisions.
5274	(b) "Peace officer" means those persons specified in Title 53, Chapter 13, Peace
5275	Officer Classifications.
5276	(2) A peace officer may require an individual to submit to a blood test for a law
5277	enforcement purpose only if:
5278	(a) the individual or legal representative of the individual with authority to give
5279	consent gives oral or written consent to the blood test;
5280	(b) the peace officer obtains a warrant to administer the blood test; or
5281	(c) a judicially recognized exception to obtaining a warrant exists as established by the
5282	Utah Court of Appeals, Utah Supreme Court, Court of Appeals of the Tenth Circuit, or the
5283	Supreme Court of the United States.
5284	(3) (a) Only the following, acting at the request of a peace officer, may draw blood to
5285	determine the blood's alcohol or drug content:
5286	(i) a physician;
5287	(ii) a physician assistant;
5288	(iii) a registered nurse;
5289	(iv) a licensed practical nurse;
5290	(v) a paramedic;
5291	(vi) as provided in Subsection (3)(b), emergency medical service personnel other than a
5292	paramedic; or
5293	(vii) a person with a valid permit issued by the Department of Health and Human
5294	Services under Section 26-1-30.
5295	(b) The Department of Health and Human Services may designate by rule, in

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- 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 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 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] 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 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:
  - (i) law enforcement officer, as defined in Section 53-13-103;
  - (ii) firefighter, as defined in Section 34A-3-113; or
- 5381 (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

**78B-5-902. Definitions.** 

As used in this part:

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5389	for any civil damages or penalties as a result of any act or omission, unless the person
5390	rendering assistance is grossly negligent in:
5391	(i) implementing measures to control the causes of epidemic and communicable
5392	diseases and other conditions significantly affecting the public health, or necessary to protect
5393	the public health as set out in Title 26A, Chapter 1, Local Health Departments;
5394	(ii) investigating and controlling suspected bioterrorism and disease as set out in Title
5395	26, Chapter 23b, Detection of Public Health Emergencies Act; and
5396	(iii) responding to a national, state, or local emergency, a public health emergency as
5397	defined in Section 26-23b-102, or a declaration by the president of the United States or other
5398	federal official requesting public health-related activities.
5399	(b) The immunity in this Subsection (3) is in addition to any immunity or protection in
5400	state or federal law that may apply.
5401	(4) (a) A person who uses reasonable force to enter a locked and unattended motor
5402	vehicle to remove a confined child is not liable for damages in a civil action if all of the
5403	following apply:
5404	(i) the person has a good faith belief that the confined child is in imminent danger of
5405	suffering physical injury or death unless the confined child is removed from the motor vehicle;
5406	(ii) the person determines that the motor vehicle is locked and there is no reasonable
5407	manner in which the person can remove the confined child from the motor vehicle;
5408	(iii) before entering the motor vehicle, the person notifies a first responder of the
5409	confined child;
5410	(iv) the person does not use more force than is necessary under the circumstances to
5411	enter the motor vehicle and remove the confined child from the vehicle; and
5412	(v) the person remains with the child until a first responder arrives at the motor vehicle.
5413	(b) A person is not immune from civil liability under this Subsection (4) if the person
5414	fails to abide by any of the provisions of Subsection (4)(a) or commits any unnecessary or
5415	malicious damage to the motor vehicle.
5416	Section 121. Section <b>78B-5-902</b> is amended to read:

(1) "Communication" means an oral statement, written statement, note, record, report,

5420	or document made during, or arising out of, a meeting between a law enforcement officer,
5421	firefighter, emergency medical service provider, or rescue provider and a peer support team
5422	member.
5423	(2) "Behavioral emergency services technician" means an individual who is licensed
5424	under Section [ <del>26-8a-302</del> ] <u>53-2d-402</u> as:
5425	(a) a behavioral emergency services technician; or
5426	(b) an advanced behavioral emergency services technician.
5427	(3) "Emergency medical service provider or rescue unit peer support team member"
5428	means a person who is:
5429	(a) an emergency medical service provider as defined in Section [26-8a-102]
5430	53-2d-101, a regular or volunteer member of a rescue unit acting as an emergency responder as
5431	defined in Section 53-2a-502, or another person who has been trained in peer support skills;
5432	and
5433	(b) designated by the chief executive of an emergency medical service agency or the
5434	chief of a rescue unit as a member of an emergency medical service provider's peer support
5435	team or as a member of a rescue unit's peer support team.
5436	(4) "Law enforcement or firefighter peer support team member" means a person who
5437	is:
5438	(a) a peace officer, law enforcement dispatcher, civilian employee, or volunteer
5439	member of a law enforcement agency, a regular or volunteer member of a fire department, or
5440	another person who has been trained in peer support skills; and
5441	(b) designated by the commissioner of the Department of Public Safety, the executive
5442	director of the Department of Corrections, a sheriff, a police chief, or a fire chief as a member
5443	of a law enforcement agency's peer support team or a fire department's peer support team.
5444	(5) "Trained" means a person who has successfully completed a peer support training
5445	program approved by the Peace Officer Standards and Training Division, the State Fire
5446	Marshal's Office, or the Department of Health and Human Services, as applicable.
5447	Section 122. Section <b>78B-5-904</b> is amended to read:
5448	78B-5-904. Exclusions for certain communications.
5449	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

5451	behavioral emergency services as defined in Section [ <del>26-8a-102</del> ] <u>53-2d-101</u> .
5452	Section 123. Section <b>78B-8-401</b> is amended to read:
5453	78B-8-401. Definitions.
5454	As used in this part:
5455	(1) "Blood or contaminated body fluids" includes blood, saliva, amniotic fluid,
5456	pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, and
5457	vaginal secretions, and any body fluid visibly contaminated with blood.
5458	(2) "COVID-19" means the same as that term is defined in Section 78B-4-517.
5459	(3) "Disease" means Human Immunodeficiency Virus infection, acute or chronic
5460	Hepatitis B infection, Hepatitis C infection, COVID-19 or another infectious disease that may
5461	cause Severe Acute Respiratory Syndrome, and any other infectious disease specifically
5462	designated by the Labor Commission, in consultation with the Department of Health and
5463	Human Services, for the purposes of this part.
5464	(4) "Emergency services provider" means:
5465	(a) an individual licensed under Section [ <del>26-8a-302</del> ] <u>53-2d-402</u> , a peace officer, local
5466	fire department personnel, or personnel employed by the Department of Corrections or by a
5467	county jail, who provide prehospital emergency care for an emergency services provider either
5468	as an employee or as a volunteer; or
5469	(b) an individual who provides for the care, control, support, or transport of a prisoner
5470	(5) "First aid volunteer" means a person who provides voluntary emergency assistance
5471	or first aid medical care to an injured person prior to the arrival of an emergency medical
5472	services provider or peace officer.
5473	(6) "Health care provider" means the same as that term is defined in Section
5474	78B-3-403.
5475	(7) "Medical testing procedure" means a nasopharyngeal swab, a nasal swab, a
5476	capillary blood sample, a saliva test, or a blood draw.
5477	(8) "Peace officer" means the same as that term is defined in Section 53-1-102.
5478	(9) "Prisoner" means the same as that term is defined in Section 76-5-101.
5479	(10) "Significant exposure" and "significantly exposed" mean:
5480	(a) exposure of the body of one individual to the blood or body fluids of another
5481	individual by:

5482	(i) percutaneous injury, including a needle stick, cut with a sharp object or instrument,
5483	or a wound resulting from a human bite, scratch, or similar force; or
5484	(ii) contact with an open wound, mucous membrane, or nonintact skin because of a cut,
5485	abrasion, dermatitis, or other damage;
5486	(b) exposure of the body of one individual to the body fluids, including airborne
5487	droplets, of another individual if:
5488	(i) the other individual displays symptoms known to be associated with COVID-19 or
5489	another infectious disease that may cause Severe Acute Respiratory Syndrome; or
5490	(ii) other evidence exists that would lead a reasonable person to believe that the other
5491	individual may be infected with COVID-19 or another infectious disease that may cause Severe
5492	Acute Respiratory Syndrome; or
5493	(c) exposure that occurs by any other method of transmission defined by the Labor
5494	Commission, in consultation with the Department of Health and Human Services, as a
5495	significant exposure.
5496	Section 124. Section <b>80-3-404</b> is amended to read:
5497	80-3-404. Finding of severe child abuse or neglect Order delivered to division
5498	Court records.
5499	(1) If an abuse, neglect, or dependency petition is filed with the juvenile court that
5500	informs the juvenile court that the division has made a supported finding that an individual
5501	committed a severe type of child abuse or neglect, the juvenile court shall:
5502	(a) make a finding of substantiated, unsubstantiated, or without merit;
5503	(b) include the finding described in Subsection (1)(a) in a written order; and
5504	(c) deliver a certified copy of the order described in Subsection (1)(b) to the division.
5505	(2) The juvenile court shall make the finding described in Subsection (1):
5506	(a) as part of the adjudication hearing;
5507	(b) at the conclusion of the adjudication hearing; or
5508	(c) as part of a court order entered under a written stipulation of the parties.
5509	(3) In accordance with Section 80-2-707, a proceeding for adjudication of a supported
5510	finding of a type of abuse or neglect that does not constitute a severe type of child abuse or
5511	neglect may be joined in the juvenile court with an adjudication of a severe type of child abuse
5512	or neglect.

5513	(4) (a) The juvenile court shall make records of the juvenile court's findings under
5514	Subsection (1) available only to an individual with statutory authority to access the Licensing
5515	Information System for the purposes of licensing under Sections 26-39-402, 26B-1-211, and
5516	62A-2-120, or for the purposes described in Sections [ <del>26-8a-310</del> ] <u>53-2d-410</u> , 62A-2-121, or
5517	Title 26, Chapter 21, Part 2, Clearance for Direct Patient Access.
5518	(b) An appellate court shall make records of an appeal from the juvenile court's
5519	decision under Subsection (1) available only to an individual with statutory authority to access
5520	the Licensing Information System for the purposes described in Subsection (4)(a).
5521	Section 125. Section 80-3-504 is amended to read:
5522	80-3-504. Petition for substantiation Court findings Expedited hearing
5523	Records of an appeal.
5524	(1) The division or an individual may file a petition for substantiation in accordance
5525	with Section 80-2-1004.
5526	(2) If the division decides to file a petition for substantiation under Section 80-2-1004,
5527	the division shall file the petition no more than 14 days after the day on which the division
5528	makes the decision.
5529	(3) At the conclusion of the hearing on a petition for substantiation, the juvenile court
5530	shall:
5531	(a) make a finding of substantiated, unsubstantiated, or without merit;
5532	(b) include the finding in a written order; and
5533	(c) deliver a certified copy of the order to the division.
5534	(4) If an individual whose name is listed on the Licensing Information System before
5535	May 6, 2002, files a petition for substantiation under Section 80-2-1004 during the time that an
5536	alleged perpetrator's application for clearance to work with children or vulnerable adults is
5537	pending, the juvenile court shall:
5538	(a) hear the matter on an expedited basis; and
5539	(b) enter a final decision no later than 60 days after the day on which the petition for
5540	substantiation is filed.
5541	(5) An appellate court shall make a record of an appeal from the juvenile court's
5542	decision under Subsection (3) available only to an individual with statutory authority to access
5543	the Licensing Information System for the purposes of licensing under Sections 26-39-402,

5544	$62A-1-118$ , and $62A-2-120$ , or for the purposes described in Sections [ $\frac{26-8a-310}{53-20-410}$ ]
5545	62A-2-121, or Title 26, Chapter 21, Part 2, Clearance for Direct Patient Access.
5546	Section 126. Repealer.
5547	This bill repeals:
5548	Section 26-8a-101, Title.
5549	Section 26-8b-101, Title.
5550	Section 26-8b-102, Definitions.
5551	Section 26-8b-601, Title.
5552	Section 26-8c-101, Title.
5553	Section 26-8d-101, Title.
5554	Section 127. Effective date.
5555	This bill takes effect on July 1, 2024.
5556	Section 128. Revisor instructions.
5557	The Legislature intends that when the Office of Legislative Research and General
5558	Counsel prepares the Utah Code database for publication:
5559	(1) if a bill replaces a reference to the "Department of Health" with the "Department of
5560	Health and Human Services" and this S.B. 64 replaces the same reference to the "Department
5561	of Health" with the "Bureau of Emergency Medical Services," the naming conventions in this
5562	bill supersede;
5563	(2) if this S.B. 64 renumbers a section from Title 26 to Title 53 and another bill
5564	renumbers the same section from Title 26 to Title 26B, the renumbering conventions in this bill
5565	supersede; and
5566	(3) newly created references in other bills to the following chapters shall be
5567	renumbered to the appropriate reference in Title 53, Chapter 2d, Emergency Medical Services
5568	Act, and Title 53, Chapter 2e, EMS Personnel Licensure Interstate Compact:
5569	(a) Title 26, Chapter 8a, Utah Emergency Medical Services System Act;
5570	(b) Title 26, Chapter 8b, Utah Sudden Cardiac Arrest Survival Act;
5571	(c) Title 26, Chapter 8c, Ems Personnel Licensure Interstate Compact; and
5572	(d) Title 26, Chapter 8d, Utah Statewide Stroke and Cardiac Registry Act.