AIR AMBULANCE REVISIONS

2019 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Wayne A. Harper

House Sponsor: Paul Ray

LONG TITLE

General Description:

This bill amends provisions relating to the Air Ambulance Committee.

Highlighted Provisions:

This bill:

- amends membership and reporting requirements for the Air Ambulance Committee;
- requires an emergency medical service provider and health care facility to provide information about air ambulance charges to certain patients; and
- reauthorizes the Air Ambulance Committee for five years.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26-8a-107, as enacted by Laws of Utah 2017, Chapter 419

63I-2-226, as last amended by Laws of Utah 2018, Chapters 38 and 281

ENACTS:

26-8a-602, Utah Code Annotated 1953

26-21-32, Utah Code Annotated 1953

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

Section 1. Section **26-8a-107** is amended to read:

26-8a-107. Air Ambulance Committee -- Membership -- Duties.

(1) The Air Ambulance Committee created by Section 26-1-7 shall be composed of the following members:

(a) the state emergency medical services medical director;

(b) one physician who:

(i) is licensed under:

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

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

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

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

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

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

(d) one registered nurse who:

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

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

(e) one paramedic who:

(i) is licensed under Title 26, Chapter 8a, Utah Emergency Medical Services System Act; and

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

(f) [~~one member~~] two members, each from a different for-profit air medical transport company operating in the state of Utah.

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

(3) The chair of the Air Ambulance Committee shall:

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

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

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

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

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

(5) (a) A majority of the members of the Air Ambulance Committee constitutes a quorum.

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

(6) The Air Ambulance Committee shall, before November 30, [~~2017~~] 2019, and before November 30 of every odd-numbered year thereafter, provide recommendations to the Health and Human Services Interim Committee regarding the development of state standards and requirements related to:

(a) air medical transport provider licensure and accreditation;

(b) air medical transport medical personnel qualifications and training; and

(c) other standards and requirements to ensure patients receive appropriate and high-quality medical attention and care by air medical transport providers operating in the state of Utah.

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

(i) which health insurers in the state the air medical transport provider contracts with;

(ii) if sufficient data is available to the committee, the average charge for air medical transport services for a patient who is uninsured or out of network; and

(iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer.

(b) When calculating the average charge under Subsection (7)(a)(ii), the committee shall distinguish between:

(i) a rotary wing provider and a fixed wing provider; and

(ii) any other differences between air medical transport service providers that may substantially affect the cost of the air medical transport service, as determined by the committee.

(c) The department shall:

(i) post the committee's findings under Subsection (7)(a) on the department's website; and

(ii) send the committee's findings under Subsection (7)(a) to each emergency medical service provider, health care facility, and other entity that has regular contact with patients in need of air medical transport provider services.

[~~(7)~~] (8) An Air Ambulance Committee member may not receive compensation, benefits, per diem, or travel expenses for the member's service on the committee.

[~~(8)~~] (9) The Office of the Attorney General shall provide staff support to the Air Ambulance Committee.

[~~(9)~~] (10) The Air Ambulance Committee shall report to the Health and Human Services Interim Committee before November 30, [~~2018~~] 2023, regarding the sunset of this section in accordance with Section 63I-2-226.

Section 2. Section **26-8a-602** is enacted to read:

26-8a-602. 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) 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 choice of an air medical transport provider, and the patient's representative is not physically present with the patient.

Section 3. Section **26-21-32** is enacted to read:

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

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

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

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

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

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

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

Section 4. Section **63I-2-226** is amended to read:

63I-2-226. Repeal dates -- Title 26.

(1) Subsection 26-7-8(3) is repealed January 1, 2027.

[~~(2) Subsection 26-7-9(5) is repealed January 1, 2019.~~]

[~~(3)~~] (2) Section 26-8a-107 is repealed July 1, [~~2019~~] 2024.

[~~(4)~~] (3) Subsection 26-8a-203(3)(a)(i) is repealed January 1, 2023.

[~~(5)~~] (4) Subsection 26-18-2.3(5) is repealed January 1, 2020.

[~~(6)~~] (5) Subsection 26-18-2.4(3)(e) is repealed January 1, 2023.

[~~(7) Subsection 26-18-408(6) is repealed January 2, 2019.~~]

[~~(8)~~] (6) Subsection 26-18-410(5) is repealed January 1, 2026.

[~~(9)~~] (7) Subsection 26-18-411(5) is repealed January 1, 2023.

[~~(10)~~] (8) Subsection 26-18-604(2) is repealed January 1, 2020.

[~~(11)~~] (9) Subsection 26-21-28(2)(b) is repealed January 1, 2021.

[~~(12)~~] (10) Subsection 26-33a-106.1(2)(a) is repealed January 1, 2023.

[~~(13)~~] (11) Subsection 26-33a-106.5(6)(c)(iii) is repealed January 1, 2020.

[~~(14)~~] (12) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance Program, is repealed July 1, 2027.

[~~(15)~~] (13) Subsection 26-50-202(7)(b) is repealed January 1, 2020.

[~~(16)~~] (14) Subsections 26-54-103(6)(d)(ii) and (iii) are repealed January 1, 2020.

[~~(17)~~] (15) Subsection 26-55-107(8) is repealed January 1, 2021.

[~~(18)~~] (16) Subsection 26-56-103(9)(d) is repealed January 1, 2020.

[~~(19)~~] (17) Title 26, Chapter 59, Telehealth Pilot Program, is repealed January 1, 2020.

[~~(20)~~] (18) Subsection 26-61-202(4)(b) is repealed January 1, 2022.

[~~(21)~~] (19) Subsection 26-61-202(5) is repealed January 1, 2022.