

Derrin R. Owens proposes the following substitute bill:

Emergency Medical Services

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Derrin R. Owens

House Sponsor: James A. Dunnigan

LONG TITLE

General Description:

This bill addresses emergency medical services.

Highlighted Provisions:

This bill:

- defines terms;
- establishes that 911 ambulance services are essential services;
- addresses the respective duties of the Department of Health and Human Services, the Department of Public Safety, and the Bureau of Emergency Medical Services (bureau);
- where applicable, indicates the proper government agency or division, where an incorrect entity or agency is indicated;
- creates the Emergency Medical Services Critical Needs Account;
- for an emergency medical services grant in a rural county, increases the maximum allowable amount that the grant recipient may receive for use toward the purchase of vehicles;
- directs available but undistributed grant funds at the end of the year to be deposited into the Emergency Medical Services Critical Needs Account created under Section 53-2d-109;
- requires the bureau to establish designation requirements for training centers;
- modifies a notice requirement to require the bureau to provide a class A notice;
- subjects training centers to the disciplinary jurisdiction of the bureau;
- subjects an issuance of a notice of violation or order under the Emergency Medical Services Act to Title 63G, Chapter 4, Administrative Procedures Act;
- grants investigative authority to the bureau;
- makes it a class B misdemeanor to willfully disobey a valid subpoena or cease and desist letter from the bureau; and

▸ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

11-48-103, as last amended by Laws of Utah 2024, Chapter 506

26B-1-202, as last amended by Laws of Utah 2024, Chapter 506

26B-3-804, as renumbered and amended by Laws of Utah 2023, Chapter 306

26B-4-301, as last amended by Laws of Utah 2024, Chapter 261

26B-4-501, as last amended by Laws of Utah 2024, Chapter 257

26B-5-331, as last amended by Laws of Utah 2024, Chapter 299

26B-5-609, as last amended by Laws of Utah 2024, Third Special Session, Chapter 5

26B-7-301, as last amended by Laws of Utah 2024, Chapters 152, 283

41-6a-523, as last amended by Laws of Utah 2023, Chapters 310, 328 and 399

53-2d-101, as last amended by Laws of Utah 2024, Chapters 147, 438 and 506

53-2d-103, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 307

53-2d-203, as last amended by Laws of Utah 2024, Chapters 162, 277

53-2d-207, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 307

53-2d-209, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 307

53-2d-211, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310

53-2d-305, as last amended by Laws of Utah 2024, Chapter 506

53-2d-402, as last amended by Laws of Utah 2024, Chapter 147

53-2d-403, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310

53-2d-404, as last amended by Laws of Utah 2024, Chapter 240

53-2d-405, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310

53-2d-406, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310

53-2d-502, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310

53-2d-505.4, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and last amended by Coordination Clause, Laws of Utah 2023, Chapter 307

53-2d-506, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310
53-2d-603, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and
 last amended by Coordination Clause, Laws of Utah 2023, Chapter 307
53-2d-604, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310
53-2d-607, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and
 last amended by Coordination Clause, Laws of Utah 2023, Chapter 307
53-10-405, as last amended by Laws of Utah 2023, Chapters 310, 328
58-67-305, as last amended by Laws of Utah 2024, Chapter 381
58-68-305, as last amended by Laws of Utah 2024, Chapter 381
58-71-305, as last amended by Laws of Utah 2024, Chapter 381
63G-4-102, as last amended by Laws of Utah 2024, Chapter 147
72-10-502, as last amended by Laws of Utah 2023, Chapters 310, 330
77-23-213, as last amended by Laws of Utah 2023, Chapters 310, 330

ENACTS:

53-2d-109, Utah Code Annotated 1953
53-2d-606.5, Utah Code Annotated 1953

REPEALS:

26B-1-235, as renumbered and amended by Laws of Utah 2023, Chapter 305
53-2d-106, as renumbered and amended by Laws of Utah 2023, Chapters 307, 310 and
 last amended by Coordination Clause, Laws of Utah 2023, Chapter 307

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

Section 1. Section **11-48-103** is amended to read:

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

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

[(a)] (i) within the territorial limits of the municipality or county;
 [(b)] (ii) by a ground ambulance provider, licensed by the Bureau of Emergency
 Medical Services under Title 53, Chapter 2d, Part 5, Ambulance and Paramedic
 Providers; and

[(c)] (iii) in accordance with rules established by the Trauma System and Emergency
 Medical Services Committee under Section 53-2d-105.

97 (b) 911 ambulance services are essential services.

98 (2) A municipality or county may:

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

101 (b) contract to:

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

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

108 (iii) jointly provide 911 ambulance services with any county, municipal corporation,
109 special district, special service district, interlocal entity, private corporation,
110 nonprofit corporation, state agency, or federal agency; or

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

115 (3)(a) A municipality or county that maintains and supports 911 ambulance services for
116 the municipality's or county's own jurisdiction under Subsection (2)(a) shall obtain a
117 license as a ground ambulance provider from the Bureau of Emergency Medical
118 Services under Title 53, Chapter 2d, Part 5, Ambulance and Paramedic Providers.

119 (b) Sections 53-2d-505 through 53-2d-505.3 do not apply to a license described in
120 Subsection (3)(a).

121 Section 2. Section **26B-1-202** is amended to read:

122 **26B-1-202 . Department authority and duties.**

123 The department may, subject to applicable restrictions in state law and in addition to all
124 other authority and responsibility granted to the department by law:

125 (1) adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking
126 Act, and not inconsistent with law, as the department may consider necessary or
127 desirable for providing health and social services to the people of this state;

128 (2) establish and manage client trust accounts in the department's institutions and
129 community programs, at the request of the client or the client's legal guardian or
130 representative, or in accordance with federal law;

- (3) purchase, as authorized or required by law, services that the department is responsible to provide for legally eligible persons;
- (4) conduct adjudicative proceedings for clients and providers in accordance with the procedures of Title 63G, Chapter 4, Administrative Procedures Act;
- (5) establish eligibility standards for the department's programs, not inconsistent with state or federal law or regulations;
- (6) take necessary steps, including legal action, to recover money or the monetary value of services provided to a recipient who was not eligible;
- (7) set and collect fees for the department's services;
- (8) license agencies, facilities, and programs, except as otherwise allowed, prohibited, or limited by law;
- (9) acquire, manage, and dispose of any real or personal property needed or owned by the department, not inconsistent with state law;
- (10) receive gifts, grants, devises, and donations; gifts, grants, devises, donations, or the proceeds thereof, may be credited to the program designated by the donor, and may be used for the purposes requested by the donor, as long as the request conforms to state and federal policy; all donated funds shall be considered private, nonlapsing funds and may be invested under guidelines established by the state treasurer;
- (11) accept and employ volunteer labor or services; the department is authorized to reimburse volunteers for necessary expenses, when the department considers that reimbursement to be appropriate;
- (12) carry out the responsibility assigned in the workforce services plan by the State Workforce Development Board;
- (13) carry out the responsibility assigned by Section 26B-1-430 with respect to coordination of services for students with a disability;
- (14) provide training and educational opportunities for the department's staff;
- (15) collect child support payments and any other money due to the department;
- (16) apply the provisions of Title 81, Chapter 6, Child Support, to parents whose child lives out of the home in a department licensed or certified setting;
- (17) establish policy and procedures, within appropriations authorized by the Legislature, in cases where the Division of Child and Family Services or the Division of Juvenile Justice and Youth Services is given custody of a minor by the juvenile court under Title 80, Utah Juvenile Code, or the department is ordered to prepare an attainment plan for a minor found not competent to proceed under Section 80-6-403, including:

- 165 (a) designation of interagency teams for each juvenile court district in the state;
166 (b) delineation of assessment criteria and procedures;
167 (c) minimum requirements, and timeframes, for the development and implementation of
168 a collaborative service plan for each minor placed in department custody; and
169 (d) provisions for submittal of the plan and periodic progress reports to the court;
- 170 (18) carry out the responsibilities assigned to the department by statute;
- 171 (19) examine and audit the expenditures of any public funds provided to a local substance
172 abuse authority, a local mental health authority, a local area agency on aging, and any
173 person, agency, or organization that contracts with or receives funds from those
174 authorities or agencies. Those local authorities, area agencies, and any person or entity
175 that contracts with or receives funds from those authorities or area agencies, shall
176 provide the department with any information the department considers necessary. The
177 department is further authorized to issue directives resulting from any examination or
178 audit to a local authority, an area agency, and persons or entities that contract with or
179 receive funds from those authorities with regard to any public funds. If the department
180 determines that it is necessary to withhold funds from a local mental health authority or
181 local substance abuse authority based on failure to comply with state or federal law,
182 policy, or contract provisions, the department may take steps necessary to ensure
183 continuity of services. For purposes of this Subsection (19) "public funds" means the
184 same as that term is defined in Section 26B-5-101;
- 185 (20) in accordance with Subsection 26B-2-104(1)(d), accredit one or more agencies and
186 persons to provide intercountry adoption services;
- 187 (21) within legislative appropriations, promote and develop a system of care and
188 stabilization services:
- 189 (a) in compliance with Title 63G, Chapter 6a, Utah Procurement Code; and
190 (b) that encompasses the department, department contractors, and the divisions, offices,
191 or institutions within the department, to:
- 192 (i) navigate services, funding resources, and relationships to the benefit of the
193 children and families whom the department serves;
- 194 (ii) centralize department operations, including procurement and contracting;
- 195 (iii) develop policies that govern business operations and that facilitate a system of
196 care approach to service delivery;
- 197 (iv) allocate resources that may be used for the children and families served by the
198 department or the divisions, offices, or institutions within the department, subject

- 199 to the restrictions in Section 63J-1-206;
- 200 (v) create performance-based measures for the provision of services; and
- 201 (vi) centralize other business operations, including data matching and sharing among
- 202 the department's divisions, offices, and institutions;
- 203 (22) ensure that any training or certification required of a public official or public
- 204 employee, as those terms are defined in Section 63G-22-102, complies with Title 63G,
- 205 Chapter 22, State Training and Certification Requirements, if the training or certification
- 206 is required:
- 207 (a) under this title;
- 208 (b) by the department; or
- 209 (c) by an agency or division within the department;
- 210 (23) enter into cooperative agreements with the Department of Environmental Quality to
- 211 delineate specific responsibilities to assure that assessment and management of risk to
- 212 human health from the environment are properly administered;
- 213 (24) consult with the Department of Environmental Quality and enter into cooperative
- 214 agreements, as needed, to ensure efficient use of resources and effective response to
- 215 potential health and safety threats from the environment, and to prevent gaps in
- 216 protection from potential risks from the environment to specific individuals or
- 217 population groups;
- 218 (25) to the extent authorized under state law or required by federal law, promote and protect
- 219 the health and wellness of the people within the state;
- 220 (26) establish, maintain, and enforce rules authorized under state law or required by federal
- 221 law to promote and protect the public health or to prevent disease and illness;
- 222 (27) investigate the causes of epidemic, infectious, communicable, and other diseases
- 223 affecting the public health;
- 224 (28) provide for the detection and reporting of communicable, infectious, acute, chronic, or
- 225 any other disease or health hazard which the department considers to be dangerous,
- 226 important, or likely to affect the public health;
- 227 (29) collect and report information on causes of injury, sickness, death, and disability and
- 228 the risk factors that contribute to the causes of injury, sickness, death, and disability
- 229 within the state;
- 230 (30) collect, prepare, publish, and disseminate information to inform the public concerning
- 231 the health and wellness of the population, specific hazards, and risks that may affect the
- 232 health and wellness of the population and specific activities which may promote and

233 protect the health and wellness of the population;

234 (31) abate nuisances when necessary to eliminate sources of filth and infectious and
235 communicable diseases affecting the public health;

236 (32) make necessary sanitary and health investigations and inspections in cooperation with
237 local health departments as to any matters affecting the public health;

238 (33) establish laboratory services necessary to support public health programs and medical
239 services in the state;

240 (34) establish and enforce standards for laboratory services which are provided by any
241 laboratory in the state when the purpose of the services is to protect the public health;

242 (35) cooperate with the Labor Commission to conduct studies of occupational health
243 hazards and occupational diseases arising in and out of employment in industry, and
244 make recommendations for elimination or reduction of the hazards;

245 (36) cooperate with the local health departments, the Department of Corrections, the
246 Administrative Office of the Courts, the Division of Juvenile Justice and Youth
247 Services, and the Utah Office for Victims of Crime to conduct testing for HIV infection
248 of alleged sexual offenders, convicted sexual offenders, and any victims of a sexual
249 offense;

250 (37) investigate the causes of maternal and infant mortality;

251 (38) establish, maintain, and enforce a procedure requiring the blood of adult pedestrians
252 and drivers of motor vehicles killed in highway accidents be examined for the presence
253 and concentration of alcohol, and provide the Commissioner of Public Safety with
254 monthly statistics reflecting the results of these examinations, with necessary safeguards
255 so that information derived from the examinations is not used for a purpose other than
256 the compilation of these statistics;

257 ~~[(39) establish qualifications for individuals permitted to draw blood under Subsection~~
258 ~~41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or 77-23-213(3)(a)(vi),~~
259 ~~and to issue permits to individuals the department finds qualified, which permits may be~~
260 ~~terminated or revoked by the department;]~~

261 ~~[(40)]~~ (39) establish a uniform public health program throughout the state which includes
262 continuous service, employment of qualified employees, and a basic program of disease
263 control, vital and health statistics, sanitation, public health nursing, and other preventive
264 health programs necessary or desirable for the protection of public health;

265 ~~[(41)]~~ (40) conduct health planning for the state;

266 ~~[(42)]~~ (41) monitor the costs of health care in the state and foster price competition in the

health care delivery system;

~~[(43)]~~ (42) establish methods or measures for health care providers, public health entities, and health care insurers to coordinate among themselves to verify the identity of the individuals the providers serve;

~~[(44)]~~ (43) designate Alzheimer's disease and related dementia as a public health issue and, within budgetary limitations, implement a state plan for Alzheimer's disease and related dementia by incorporating the plan into the department's strategic planning and budgetary process;

~~[(45)]~~ (44) coordinate with other state agencies and other organizations to implement the state plan for Alzheimer's disease and related dementia;

~~[(46)]~~ (45) ensure that any training or certification required of a public official or public employee, as those terms are defined in Section 63G-22-102, complies with Title 63G, Chapter 22, State Training and Certification Requirements, if the training or certification is required by the agency or under this Title 26B, Utah Health and Human Services Code;

~~[(47)]~~ (46) oversee public education vision screening as described in Section 53G-9-404;

~~[(48)]~~ (47) issue code blue alerts in accordance with Title 35A, Chapter 16, Part 7, Code Blue Alert; and

~~[(49)]~~ (48) as allowed by state and federal law, share data with the Office of Families that is relevant to the duties described in Subsection 26B-1-243(4), which may include, to the extent available:

(a) demographic data concerning family structures in the state; and

(b) data regarding the family structure associated with:

(i) suicide, depression, or anxiety; and

(ii) various health outcomes.

Section 3. Section **26B-3-804** is amended to read:

26B-3-804 . Medicaid ambulance service provider adjustment under fee-for-service rates.

The division shall, if the assessment imposed by this part is approved by the Centers for Medicare and Medicaid Services, for fee-for-service rates effective on or after July 1, 2015, reimburse an ambulance service provider in an amount up to the Emergency Medical Services Ambulance Rates adopted annually by the [department] Department of Public Safety.

Section 4. Section **26B-4-301** is amended to read:

26B-4-301 . Definitions.

As used in this part:

- (1) "Bureau" means the Bureau of Emergency Medical Services created in Section 53-2d-102.
- ~~[(1)]~~ (2) "Committee" means the Primary Care Grant Committee described in Section 26B-1-410.
- ~~[(2)]~~ (3) "Community based organization":
- (a) means a private entity; and
- (b) includes for profit and not for profit entities.
- ~~[(3)]~~ (4) "Cultural competence" means a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or profession and enables that system, agency, or profession to work effectively in cross-cultural situations.
- ~~[(4)]~~ (5) "Emergency medical dispatch center" means a public safety answering point, as defined in Section 63H-7a-103, that is designated as an emergency medical dispatch center by the office.
- ~~[(5)]~~ (6) "Health literacy" means the degree to which an individual has the capacity to obtain, process, and understand health information and services needed to make appropriate health decisions.
- ~~[(6)]~~ (7) "Institutional capacity" means the ability of a community based organization to implement public and private contracts.
- ~~[(7)]~~ (8) "Medically underserved population" means the population of an urban or rural area or a population group that the committee determines has a shortage of primary health care.
- ~~[(8) "Office" means the Office of Emergency Medical Services and Preparedness within the department.]~~
- (9) "Pregnancy support services" means services that:
- (a) encourage childbirth instead of voluntary termination of pregnancy; and
- (b) assist pregnant women, or women who may become pregnant, to choose childbirth whether they intend to parent or select adoption for the child.
- (10) "Primary care grant" means a grant awarded by the department under Subsection 26B-4-310(1).
- (11)(a) "Primary health care" means:
- (i) basic and general health care services given when a person seeks assistance to screen for or to prevent illness and disease, or for simple and common illnesses and injuries; and

(ii) care given for the management of chronic diseases.

(b) "Primary health care" includes:

(i) services of physicians, nurses, physician's assistants, and dentists licensed to practice in this state under Title 58, Occupations and Professions;

(ii) diagnostic and radiologic services;

(iii) preventive health services including perinatal services, well-child services, and other services that seek to prevent disease or its consequences;

(iv) emergency medical services;

(v) preventive dental services; and

(vi) pharmaceutical services.

Section 5. Section **26B-4-501** is amended to read:

26B-4-501 . Definitions.

As used in this part:

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

(2) "Critical access hospital" means a critical access hospital that meets the criteria of 42 U.S.C. Sec. 1395i-4(c)(2) (1998).

(3) "Designated facility" means:

(a) a freestanding urgent care center;

(b) a general acute hospital; or

(c) a critical access hospital.

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

(5) "Division" means the Division of Professional Licensing created in Section 58-1-103.

(6) "Emergency contraception" means the use of a substance, approved by the United States Food and Drug Administration, to prevent pregnancy after sexual intercourse.

(7) "Freestanding urgent care center" means the same as that term is defined in Section 59-12-801.

(8) "General acute hospital" means the same as that term is defined in Section 26B-2-201.

(9) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 2, Part 2, Health Care Facility Licensing and Inspection.

(10) "Health care provider" means:

- (a) a physician, as defined in Section 58-67-102;
- (b) an advanced practice registered nurse, as defined in Section 58-31b-102;
- (c) a physician assistant, as defined in Section 58-70a-102; or
- (d) an individual licensed to engage in the practice of dentistry, as defined in Section 58-69-102.
- (11) "Increased risk" means risk exceeding the risk typically experienced by an individual who is not using, and is not likely to use, an opiate.
- (12) "Opiate" means the same as that term is defined in Section 58-37-2.
- (13) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.
- (14) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.
- (15) "Overdose outreach provider" means:
- (a) a law enforcement agency;
- (b) a fire department;
- (c) an emergency medical service provider, as defined in Section ~~[26B-4-101]~~ 53-2d-101;
- (d) emergency medical service personnel, as defined in Section ~~[26B-4-101]~~ 53-2d-101;
- (e) an organization providing treatment or recovery services for drug or alcohol use;
- (f) an organization providing support services for an individual, or a family of an individual, with a substance use disorder;
- (g) a certified peer support specialist, as defined in Section 26B-5-610;
- (h) an organization providing substance use or mental health services under contract with a local substance abuse authority, as defined in Section 26B-5-101, or a local mental health authority, as defined in Section 26B-5-101;
- (i) an organization providing services to the homeless;
- (j) a local health department;
- (k) an individual licensed to practice under:
- (i) Title 58, Chapter 17b, Pharmacy Practice Act;
- (ii) Title 58, Chapter 60, Part 2, Social Worker Licensing Act; or
- (iii) Title 58, Chapter 60, Part 5, Substance Use Disorder Counselor Act; or
- (l) an individual.

- (16) "Patient counseling" means the same as that term is defined in Section 58-17b-102.
- (17) "Pharmacist" means the same as that term is defined in Section 58-17b-102.
- (18) "Pharmacy intern" means the same as that term is defined in Section 58-17b-102.
- (19) "Physician" means the same as that term is defined in Section 58-67-102.
- (20) "Practitioner" means:
- (a) a physician; or
 - (b) any other person who is permitted by law to prescribe emergency contraception.
- (21) "Prescribe" means the same as that term is defined in Section 58-17b-102.
- (22)(a) "Self-administered hormonal contraceptive" means a self-administered hormonal contraceptive that is approved by the United States Food and Drug Administration to prevent pregnancy.
- (b) "Self-administered hormonal contraceptive" includes an oral hormonal contraceptive, a hormonal vaginal ring, and a hormonal contraceptive patch.
- (c) "Self-administered hormonal contraceptive" does not include any drug intended to induce an abortion, as that term is defined in Section 76-7-301.
- (23) "Sexual assault" means any criminal conduct described in Title 76, Chapter 5, Part 4, Sexual Offenses, that may result in a pregnancy.
- (24) "Victim of sexual assault" means any person who presents to receive, or receives, medical care in consequence of being subjected to sexual assault.
- Section 6. Section **26B-5-331** is amended to read:
- 26B-5-331 . Temporary commitment -- Requirements and procedures -- Rights.**
- (1) An adult shall be temporarily, involuntarily committed to a local mental health authority upon:
- (a) a written application that:
 - (i) is completed by a responsible individual who has reason to know, stating a belief that the adult, due to mental illness, is likely to pose substantial danger to self or others if not restrained and stating the personal knowledge of the adult's condition or circumstances that lead to the individual's belief; and
 - (ii) includes a certification by a licensed physician, licensed physician assistant, licensed nurse practitioner, or designated examiner stating that the physician, physician assistant, nurse practitioner, or designated examiner has examined the adult within a three-day period immediately preceding the certification, and that the physician, physician assistant, nurse practitioner, or designated examiner is of the opinion that, due to mental illness, the adult poses a substantial danger to self

- 437 or others; or
- 438 (b) a peace officer or a mental health officer:
- 439 (i) observing an adult's conduct that gives the peace officer or mental health officer
- 440 probable cause to believe that:
- 441 (A) the adult has a mental illness; and
- 442 (B) because of the adult's mental illness and conduct, the adult poses a substantial
- 443 danger to self or others; and
- 444 (ii) completing a temporary commitment application that:
- 445 (A) is on a form prescribed by the division;
- 446 (B) states the peace officer's or mental health officer's belief that the adult poses a
- 447 substantial danger to self or others;
- 448 (C) states the specific nature of the danger;
- 449 (D) provides a summary of the observations upon which the statement of danger is
- 450 based; and
- 451 (E) provides a statement of the facts that called the adult to the peace officer's or
- 452 mental health officer's attention.
- 453 (2) If at any time a patient committed under this section no longer meets the commitment
- 454 criteria described in Subsection (1), the local mental health authority or the local mental
- 455 health authority's designee shall:
- 456 (a) document the change and release the patient; and
- 457 (b) if the patient was admitted under Subsection (1)(b), notify the peace officer or
- 458 mental health officer of the patient's release.
- 459 (3) A patient committed under this section may be held for a maximum of 72 hours after
- 460 commitment, excluding Saturdays, Sundays, and legal holidays, unless:
- 461 (a) as described in Section 26B-5-332, an application for involuntary commitment is
- 462 commenced, which may be accompanied by an order of detention described in
- 463 Subsection 26B-5-332(4); or
- 464 (b) the patient makes a voluntary application for admission.
- 465 (4) Upon a written application described in Subsection (1)(a) or the observation and belief
- 466 described in Subsection (1)(b)(i), the adult shall be:
- 467 (a) taken into a peace officer's protective custody, by reasonable means, if necessary for
- 468 public safety; and
- 469 (b) transported for temporary commitment to a facility designated by the local mental
- 470 health authority, by means of:

- (i) an ambulance, if the adult meets any of the criteria described in Section [26B-4-119] 53-2d-405;
- (ii) an ambulance, if a peace officer is not necessary for public safety, and transportation arrangements are made by a physician, physician assistant, nurse practitioner, designated examiner, or mental health officer;
- (iii) the city, town, or municipal law enforcement authority with jurisdiction over the location where the adult is present, if the adult is not transported by ambulance;
- (iv) the county sheriff, if the designated facility is outside of the jurisdiction of the law enforcement authority described in Subsection (4)(b)(iii) and the adult is not transported by ambulance; or
- (v) nonemergency secured behavioral health transport as that term is defined in Section 53-2d-101.
- (5) Notwithstanding Subsection (4):
- (a) an individual shall be transported by ambulance to an appropriate medical facility for treatment if the individual requires physical medical attention;
- (b) if an officer has probable cause to believe, based on the officer's experience and de-escalation training that taking an individual into protective custody or transporting an individual for temporary commitment would increase the risk of substantial danger to the individual or others, a peace officer may exercise discretion to not take the individual into custody or transport the individual, as permitted by policies and procedures established by the officer's law enforcement agency and any applicable federal or state statute, or case law; and
- (c) if an officer exercises discretion under Subsection (4)(b) to not take an individual into protective custody or transport an individual, the officer shall document in the officer's report the details and circumstances that led to the officer's decision.
- (6)(a) The local mental health authority shall inform an adult patient committed under this section of the reason for commitment.
- (b) An adult patient committed under this section has the right to:
- (i) within three hours after arrival at the local mental health authority, make a telephone call, at the expense of the local mental health authority, to an individual of the patient's choice; and
- (ii) see and communicate with an attorney.
- (7)(a) Title 63G, Chapter 7, Governmental Immunity Act of Utah, applies to this section.
- (b) This section does not create a special duty of care.

- (8)(a) A local mental health authority shall provide discharge instructions to each individual committed under this section at or before the time the individual is discharged from the local mental health authority's custody, regardless of whether the individual is discharged by being released, taken into a peace officer's protective custody, transported to a medical facility or other facility, or other circumstances.
- (b) Discharge instructions provided under Subsection (8)(a) shall include:
- (i) a summary of why the individual was committed to the local mental health authority;
 - (ii) detailed information about why the individual is being discharged from the local mental health authority's custody;
 - (iii) a safety plan for the individual based on the individual's mental illness or mental or emotional state;
 - (iv) notification to the individual's primary care provider, if applicable;
 - (v) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's community;
 - (vi) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;
 - (vii) a copy of any psychiatric advance directive presented to the local mental health authority, if applicable;
 - (viii) information about how to establish a psychiatric advance directive if one was not presented to the local mental health authority;
 - (ix) as applicable, information about medications that were changed or discontinued during the commitment;
 - (x) a list of any screening or diagnostic tests conducted during the commitment;
 - (xi) a summary of therapeutic treatments provided during the commitment;
 - (xii) any laboratory work, including blood samples or imaging, that was completed or attempted during the commitment; and
 - (xiii) information about how to contact the local mental health authority if needed.
- (c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (8)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.

- (d) If an individual refuses to accept discharge instructions, the local mental health authority shall document the refusal in the individual's medical record.
- (e) If an individual's discharge instructions include referrals to services under Subsection (8)(b)(v), the local mental health authority shall document those referrals in the individual's medical record.
- (f) The local mental health authority shall attempt to follow up with a discharged individual at least 48 hours after discharge, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

Section 7. Section **26B-5-609** is amended to read:

26B-5-609 . Department and division duties -- MCOT license creation.

(1) As used in this section:

- (a) "Committee" means the Behavioral Health Crisis Response Committee created in Section 63C-18-202.
- (b) "Emergency medical service personnel" means the same as that term is defined in Section ~~[26B-4-101]~~ 53-2d-101.
- (c) "Emergency medical services" means the same as that term is defined in Section [~~26B-4-101~~] 53-2d-101.
- (d) "MCOT certification" means the certification created in this part for MCOT personnel and mental health crisis outreach services.
- (e) "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.
- (f) "Mental health crisis" means a mental health condition that manifests itself by symptoms of sufficient severity that a prudent layperson who possesses an average knowledge of mental health issues could reasonably expect the absence of immediate attention or intervention to result in:
- (i) serious jeopardy to the individual's health or well-being; or
- (ii) a danger to others.
- (g)(i) "Mental health crisis services" means mental health services and on-site intervention that a person renders to an individual suffering from a mental health crisis.
- (ii) "Mental health crisis services" includes the provision of safety and care plans, stabilization services offered for a minimum of 60 days, and referrals to other community resources.

(h) "Mental health therapist" means the same as that term is defined in Section 58-60-102.

(i) "Mobile crisis outreach team" or "MCOT" means a mobile team of medical and mental health professionals that provides mental health crisis services and, based on the individual circumstances of each case, coordinates with local law enforcement, emergency medical service personnel, and other appropriate state or local resources.

(2) To promote the availability of comprehensive mental health crisis services throughout the state, the division shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that create a certificate for MCOT personnel and MCOTs, including:

(a) the standards the division establishes under Subsection (3); and

(b) guidelines for:

(i) credit for training and experience; and

(ii) the coordination of:

(A) emergency medical services and mental health crisis services;

(B) law enforcement, emergency medical service personnel, and mobile crisis outreach teams; and

(C) temporary commitment in accordance with Section 26B-5-331.

(3)(a) The division shall:

(i) in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, make rules that establish standards that an applicant is required to meet to qualify for the MCOT certification described in Subsection (2); and

(ii) create a statewide MCOT plan that:

(A) identifies statewide mental health crisis services needs, objectives, and priorities; and

(B) identifies the equipment, facilities, personnel training, and other resources necessary to provide mental health crisis services.

(b) The division shall take the action described in Subsection (3)(a) with recommendations from the committee.

(c) The division may delegate the MCOT plan requirement described in Subsection (3)(a)(ii) to a contractor with which the division contracts to provide mental health crisis services.

Section 8. Section **26B-7-301** is amended to read:

26B-7-301 . Definitions.

As used in this part:

- 607 (1) "Bioterrorism" means:
- 608 (a) the intentional use of any microorganism, virus, infectious substance, or biological
- 609 product to cause death, disease, or other biological malfunction in a human, an
- 610 animal, a plant, or another living organism in order to influence, intimidate, or coerce
- 611 the conduct of government or a civilian population; and
- 612 (b) includes anthrax, botulism, small pox, plague, tularemia, and viral hemorrhagic
- 613 fevers.
- 614 (2) "Dangerous public health condition" means any of the following:
- 615 (a) cholera;
- 616 (b) pneumonic plague;
- 617 (c) severe acute respiratory syndrome;
- 618 (d) smallpox;
- 619 (e) tuberculosis;
- 620 (f) any viral hemorrhagic fever;
- 621 (g) measles; or
- 622 (h) any infection:
- 623 (i) that is new, drug resistant, or reemerging;
- 624 (ii) that evidence suggests is likely to cause either high mortality or morbidity; and
- 625 (iii) only if the relevant legislative body of the county where the infection is located
- 626 approves as needing containment.
- 627 (3) "Diagnostic information" means a clinical facility's record of individuals who present
- 628 for treatment, including the reason for the visit, chief complaint, presenting diagnosis,
- 629 final diagnosis, and any pertinent lab results.
- 630 (4) "Epidemic or pandemic disease":
- 631 (a) means the occurrence in a community or region of cases of an illness clearly in
- 632 excess of normal expectancy; and
- 633 (b) includes diseases designated by the department which have the potential to cause
- 634 serious illness or death.
- 635 (5) "Exigent circumstances" means a significant change in circumstances following the
- 636 expiration of a public health emergency declared in accordance with this title that:
- 637 (a) substantially increases the danger to public safety or health relative to the
- 638 circumstances in existence when the public health emergency expired;
- 639 (b) poses an imminent danger to public safety or health; and
- 640 (c) was not known or foreseen and could not have been known or foreseen at the time

the public health emergency expired.

(6) "First responder" means:

- (a) a law enforcement officer as defined in Section 53-13-103;
- (b) emergency medical service personnel as defined in Section ~~[26B-4-101]~~ 53-2d-101;
- (c) firefighters; and
- (d) public health personnel having jurisdiction over the location where an individual subject to an order of restriction is found.

(7) "Health care provider" means the same as that term is defined in Section 78B-3-403.

(8) "Legislative emergency response committee" means the same as that term is defined in Section 53-2a-203.

(9) "Local food" means the same as that term is defined in Section 4-1-109.

(10)(a) "Order of constraint" means an order, rule, or regulation issued in response to a declared public health emergency under this part, that:

(i) applies to all or substantially all:

(A) individuals or a certain group of individuals; or

(B) public places or certain types of public places; and

(ii) for the protection of the public health and in response to the declared public health emergency:

(A) establishes, maintains, or enforces isolation or quarantine;

(B) establishes, maintains, or enforces a stay-at-home order;

(C) exercises physical control over property or individuals;

(D) requires an individual to perform a certain action or engage in certain behavior; or

(E) closes theaters, schools, or other public places or prohibits gatherings of people to protect the public health.

(b) "Order of constraint" includes a stay-at-home order.

(11) "Order of restriction" means an order issued by a department or a district court which requires an individual or group of individuals who are subject to restriction to submit to an examination, treatment, isolation, or quarantine.

(12)(a) "Public health emergency" means an occurrence or imminent credible threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

(b) "Public health emergency" includes an illness or health condition resulting from a natural disaster.

(13) "Public health official" means:

(a) the executive director or the executive director's authorized representative; or

(b) the executive director of a local health department or the executive director's authorized representative.

(14) "Reportable emergency illness and health condition" includes the diseases, conditions, or syndromes designated by the department.

(15) "Stay-at-home order" means an order of constraint that:

(a) restricts movement of the general population to suppress or mitigate an epidemic or pandemic disease by directing individuals within a defined geographic area to remain in their respective residences; and

(b) may include exceptions for certain essential tasks.

(16) "Threat to public health" means a situation where a dangerous public health condition could spread to other individuals.

(17) "Subject to restriction" as applied to an individual, or a group of individuals, means the individual or group of individuals could create a threat to public health.

Section 9. Section **41-6a-523** is amended to read:

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

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

(i) a physician;

(ii) a physician assistant;

(iii) a registered nurse;

(iv) a licensed practical nurse;

(v) a paramedic;

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

(vii) a person with a valid permit issued by the ~~[Department of Health and Human Services]~~ Department of Public Safety under Section ~~[26B-1-202]~~ 53-2d-103.

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

53-2d-402.

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

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

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

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

(c) if the blood is drawn at a law enforcement facility in a secure area not accessible by the public, the law enforcement agency.

Section 10. Section **53-2d-101** is amended to read:

53-2d-101 . Definitions.

As used in this chapter:

(1)(a) "911 ambulance or paramedic services" means:

(i) either:

(A) 911 ambulance service;

(B) 911 paramedic service; or

(C) both 911 ambulance and paramedic service; and

(ii) a response to a 911 call received by a designated dispatch center that receives 911 or E911 calls.

(b) "911 ambulance or paramedic services" does not mean a seven or 10 digit telephone call received directly by an ambulance provider licensed under this chapter.

(2) "Ambulance" means a ground, air, or water vehicle that:

(a) transports patients and is used to provide emergency medical services; and

(b) is required to obtain a permit under Section 53-2d-404 to operate in the state.

(3) "Ambulance provider" means an emergency medical service provider that:

(a) transports and provides emergency medical care to patients; and

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

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

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

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

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

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

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

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

(i) practice of mental health therapy as defined in Section 58-60-102;

(ii) practice of psychology as defined in Section 58-61-102;

(iii) practice of clinical social work as defined in Section 58-60-202;

(iv) practice of certified social work as defined in Section 58-60-202;

(v) practice of marriage and family therapy as defined in Section 58-60-302;

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

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

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

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

(8) "Committee" means the Trauma System and Emergency Medical Services Committee created by Section 53-2d-104.

(9) "Community paramedicine" means medical care:

(a) provided by emergency medical service personnel; and

(b) provided to a patient who is not:

(i) in need of ambulance transportation; or

(ii) located in a health care facility as defined in Section 26B-2-201.

(10) "Direct medical observation" means in-person observation of a patient by a physician, registered nurse, physician's assistant, or individual licensed under Section ~~26B-4-116~~ 53-2d-402.

(11) "Emergency medical condition" means:

(a) a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical

777 attention to result in:

778 (i) placing the individual's health in serious jeopardy;

779 (ii) serious impairment to bodily functions; or

780 (iii) serious dysfunction of any bodily organ or part; or

781 (b) a medical condition that in the opinion of a physician or the physician's designee
782 requires direct medical observation during transport or may require the intervention
783 of an individual licensed under Section 53-2d-402 during transport.

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

787 (13)(a) "Emergency medical service personnel" means an individual who provides
788 emergency medical services or behavioral emergency services to a patient and is
789 required to be licensed or certified under Section 53-2d-402.

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

794 (14) "Emergency medical service providers" means:

795 (a) licensed ambulance providers and paramedic providers;

796 (b) a facility or provider that is required to be designated under Subsection 53-2d-403
797 (1)(a); and

798 (c) emergency medical service personnel.

799 (15) "Emergency medical services" means:

800 (a) medical services;

801 (b) transportation services;

802 (c) behavioral emergency services; or

803 (d) any combination of the services described in Subsections (15)(a) through (c).

804 (16) "Emergency medical service vehicle" means a land, air, or water vehicle that is:

805 (a) maintained and used for the transportation of emergency medical personnel,
806 equipment, and supplies to the scene of a medical emergency; and

807 (b) required to be permitted under Section 53-2d-404.

808 (17) "Governing body":

809 (a) means the same as that term is defined in Section 11-42-102; and

810 (b) for purposes of a "special service district" under Section 11-42-102, means a special

811 service district that has been delegated the authority to select a provider under this
812 chapter by the special service district's legislative body or administrative control
813 board.

814 (18) "Interested party" means:

- 815 (a) a licensed or designated emergency medical services provider that provides
816 emergency medical services within or in an area that abuts an exclusive geographic
817 service area that is the subject of an application submitted pursuant to Part 5,
818 Ambulance and Paramedic Providers;
- 819 (b) any municipality, county, or fire district that lies within or abuts a geographic service
820 area that is the subject of an application submitted pursuant to Part 5, Ambulance and
821 Paramedic Providers; or
- 822 (c) the department when acting in the interest of the public.

823 (19) "Level of service" means the level at which an ambulance provider type of service is
824 licensed as:

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

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

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

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

- 833 (a) provides nonemergency secure transportation services for an individual who:
 - 834 (i) is not required to be transported by an ambulance under Section 53-2d-405; and
 - 835 (ii) requires behavioral health observation during transport between any of the
836 following facilities:
 - 837 (A) a licensed acute care hospital;
 - 838 (B) an emergency patient receiving facility;
 - 839 (C) a licensed mental health facility; and
 - 840 (D) the office of a licensed health care provider; and
- 841 (b) is required to be designated under Section 53-2d-403.

842 (23) "Paramedic provider" means an entity that:

- 843 (a) employs emergency medical service personnel; and
- 844 (b) is required to obtain a license under Part 5, Ambulance and Paramedic Providers.

- (24) "Patient" means an individual who, as the result of illness, injury, or a behavioral emergency condition, meets any of the criteria in Section ~~[26B-4-119]~~ 53-2d-405.
- (25) "Political subdivision" means:
- (a) a city or town;
 - (b) a county;
 - (c) a special service district created under Title 17D, Chapter 1, Special Service District Act, for the purpose of providing fire protection services under Subsection 17D-1-201 (9);
 - (d) a special district created under Title 17B, Limited Purpose Local Government Entities - Special Districts, for the purpose of providing fire protection, paramedic, and emergency services;
 - (e) areas coming together as described in Subsection 53-2d-505.2(2)(b)(ii); or
 - (f) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act.
- (26) "Sudden cardiac arrest" means a life-threatening condition that results when a person's heart stops or fails to produce a pulse.
- ~~(27)~~ "Training center" means a person designated by the bureau to provide emergency medical services practitioner training, including:
- (a) training for initial licensure; and
 - (b) continuing medical education under Section 53-2d-402.
- ~~[(27)]~~ (28) "Trauma" means an injury requiring immediate medical or surgical intervention.
- ~~[(28)]~~ (29) "Trauma system" means a single, statewide system that:
- (a) organizes and coordinates the delivery of trauma care within defined geographic areas from the time of injury through transport and rehabilitative care; and
 - (b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in delivering care for trauma patients, regardless of severity.
- ~~[(29)]~~ (30) "Triage" means the sorting of patients in terms of disposition, destination, or priority. For prehospital trauma victims, triage requires a determination of injury severity to assess the appropriate level of care according to established patient care protocols.
- ~~[(30)]~~ (31) "Triage, treatment, transportation, and transfer guidelines" means written procedures that:
- (a) direct the care of patients; and
 - (b) are adopted by the medical staff of an emergency patient receiving facility, trauma center, or an emergency medical service provider.

879 ~~[(31)]~~ (32) "Type of service" means the category at which an ambulance provider is licensed
 880 as:

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

884 Section 11. Section **53-2d-103** is amended to read:

885 **53-2d-103 . Bureau duties -- Data sharing.**

886 (1) The bureau shall:

- 887 (a) coordinate the emergency medical services within the state;
- 888 (b) administer and enforce any programs and applicable rules created under this chapter;
- 889 ~~[(c) establish a voluntary task force representing a diversity of emergency medical~~
 890 ~~service providers to advise the bureau and the committee on rules;]~~

891 ~~[(d)]~~ (c) establish an emergency medical service personnel peer review board to ~~[advise~~
 892 ~~the bureau concerning discipline of emergency medical service personnel]~~ hear
 893 matters regarding licensure under this chapter; and

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

- 896 (i) license ambulance ~~[providers-]~~ agencies and paramedic ~~[providers]~~ agencies;
- 897 (ii) permit ambulances, emergency medical response vehicles, and nonemergency
 898 secured behavioral health transport vehicles, including approving an emergency
 899 vehicle operator's course in accordance with Section 53-2d-404;
- 900 (iii) license emergency medical personnel;

901 ~~[(iii)]~~ (iv) establish:

- 902 (A) the qualifications for membership of the peer review board created by this
 903 section;
- 904 (B) a process for placing restrictions on a license while an investigation is pending;
- 905 (C) the process for the investigation and ~~[recommendation by]~~ hearings before the
 906 peer review board; and
- 907 (D) the process for determining the status of a license while ~~[a peer review board]~~
 908 an investigation is pending;

909 ~~[(iv)]~~ (v) establish application, submission, and procedural requirements for licenses,
 910 designations, and permits;~~[-and]~~

911 ~~[(v)]~~ (vi) establish and implement the programs, plans, and responsibilities as
 912 specified in other sections of this chapter~~[-]~~ ; and

(vii) establish qualifications for individuals permitted to draw blood under Subsections 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), and 77-23-213(3)(a)(vi), and issue permits to qualified individuals.

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

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

(c) All data collected by the bureau under this chapter is subject to Title 26B, Chapter 8, Part 4, Health Statistics, including data privacy protections.

Section 12. Section **53-2d-109** is enacted to read:

53-2d-109 . Emergency Medical Services Critical Needs Account.

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

(2) The account shall be funded through deposits of:

(a) interest earned on the account;

(b) appropriations made by the Legislature; and

(c) contributions deposited into the account in accordance with Subsection 53-2d-207(3)(g).

(3) All funds in the account shall be nonlapsing.

(4) The bureau shall:

(a) calculate and allocate for use under Subsection (4)(b) an amount not greater than 25% of the fund balance, quarterly, as of January 1, April 1, July 1, and October 1 of each year; and

(b) use the allocated amount under Subsection (4)(a) to award and fund critical needs grants:

(i) in accordance with the criteria and procedures established by administrative rule; and

(ii) during the three-month period ending on the date of the next quarterly allocation under Subsection (4)(a).

Section 13. Section **53-2d-203** is amended to read:

53-2d-203 . Data collection.

(1) As used in this section:

(a) "Clinical health information" means the same as that term is defined in Section 26B-8-411.

(b) "Electronic exchange" means the same as that term is defined in Section 26B-8-411.

(c) "Emergency medical service provider" means the same as that term is defined in Section 53-2d-101.

(d) "Emergency medical services" means the same as that term is defined in Section 53-2d-101.

(e) "Qualified network" means the same as that term is defined in Section 26B-8-411.

(2) The ~~committee~~ bureau shall specify the information that shall be collected for the emergency medical services data system established pursuant to Subsection (3).

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

(b) The ~~committee~~ bureau shall coordinate with the Department of Health and Human Services, to create a report of data collected by the Department of Health and Human Services under Section 26B-8-504 regarding:

(i) appropriate analytical methods;

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

(iii) of the total number of flights in a one-year period under Subsection (3)(b)(ii):

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

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

(C) the range of flight charges for which patients had personal responsibility under Subsection (3)(b)(iii)(B), including the median amount for paid patient personal responsibility; and

(D) the name of any air ambulance provider that received a median paid amount for patient responsibility in excess of the median amount for all paid patient personal responsibility during the reporting year.

(c) The bureau may share, within the department, information from the emergency medical services data system that:

(i) relates to traffic incidents; and

(ii) is for the improvement of traffic and public safety.

(d) Information shared under Subsection (3)(c) may not be used for the prosecution of

981 criminal matters.

982 (e) Subject to the Health Insurance Portability and Accountability Act of 1996, Pub. L.
983 No. 104-191, 110 Stat. 1936, as amended:

984 (i) the [department] bureau may submit clinical health information about a patient, to
985 a qualified network, via electronic exchange of clinical health information, if:

986 (A) the electronic exchange of clinical health information meets the standards
987 established by the [department] Department of Health and Human Services
988 under Section 26B-8-411; and

989 (B) the clinical health information was collected by an emergency medical service
990 provider performing emergency medical services for the provider's patient;

991 (ii) in connection with providing emergency medical services to a patient, an
992 emergency medical service provider may, through electronic exchange, access the
993 patient's clinical health information that is pertinent to the emergency medical
994 services provided; and

995 (iii) an emergency medical service provider may use clinical health information only
996 to provide and improve the quality of the emergency medical service provider's
997 services.

998 (4)(a) On or before October 1, the [department] bureau shall make the information in
999 Subsection (3)(b) public and send the information in Subsection (3)(b) to public
1000 safety dispatchers and first responders in the state.

1001 (b) Before making the information in Subsection (3)(b) public, the [~~committee~~] bureau
1002 shall provide the air ambulance providers named in the report with the opportunity to
1003 respond to the accuracy of the information in the report under Section 26B-8-506.

1004 (5) Persons providing emergency medical services:

1005 (a) shall provide information to the [department] bureau for the emergency medical
1006 services data system established pursuant to Subsection (3)(a);

1007 (b) are not required to provide information to the [department] bureau under Subsection
1008 (3)(b); and

1009 (c) may provide information to the [department] bureau under Subsection (3)(b) or (4)(b).
1010 Section 14. Section **53-2d-207** is amended to read:

1011 **53-2d-207 . Emergency Medical Services Grant Program.**

1012 (1) Funds appropriated to the [department] bureau for the Emergency Medical Services
1013 Grant Program shall be used for improvement of delivery of emergency medical services
1014 and administrative costs as described in Subsection (2)(a).

- (2) From the total amount of funds appropriated to the bureau under Subsection (1), the 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 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)(i) From the total amount of funds used to provide grants under Subsection (3), the 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.
 - (ii) The bureau shall determine the grant amounts by prorating available funds on a per capita basis by county as described in bureau rule.
 - (c) Subject to Subsections (3)(d) through (f), the ~~[committee]~~ bureau shall use the remaining grant funds to award competitive grants to licensed emergency medical services providers that provide emergency medical services within counties of the third through sixth class, in accordance with rules made by the ~~[committee]~~ bureau.
 - (d) A grant awarded under Subsection (3)(c) shall be used:
 - (i) for the purchase of equipment, subject to Subsection (3)(e); or
 - (ii) for the recruitment, training, or retention of licensed emergency medical services providers.
 - (e) A recipient of a grant under Subsection (3)(c) may not use more than ~~[\$100,000]~~ \$200,000 in grant proceeds for the purchase of vehicles.
 - (f) A grant awarded for the purpose described in Subsection (3)(d)(ii) is ongoing for a period of up to three years.
 - (g)~~[(f)]~~ If, after providing grants under Subsections (3)(c) through (f), any grant funds are unallocated at the end of the fiscal year, the ~~[committee]~~ bureau shall ~~[distribute]~~ deposit the unallocated grant funds ~~[as per capita block grants as described in~~

~~Subsection (3)(b)] into the Emergency Medical Services Critical Needs Account created under Section 53-2d-109.~~

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

Section 15. Section **53-2d-209** is amended to read:

53-2d-209 . Regional Emergency Medical Services Liaisons -- Qualifications --

Duties.

(1) As used in this section:

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

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

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

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

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

(i) emergency medical services providers;

(ii) local officials; and

(iii) local health departments or agencies;

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

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

(e) serve as emergency medical service personnel to assist licensed providers with ambulance staffing needs within rural counties.

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

(a) shall reside in a rural county; and

(b) shall be licensed as:

(i) an advanced emergency medical technician as defined in Section 53-2e-101; or

(ii) a paramedic as defined in Section 53-2e-101.

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

Section 16. Section **53-2d-211** is amended to read:

53-2d-211 . Community paramedicine program.

- (1) A ground ambulance provider or a designated quick response provider, as designated in accordance with Section 53-2d-403, may develop and implement a community paramedicine program.
- (2)(a) Before providing services, a community paramedicine program shall:
- (i) implement training requirements as determined by the [eommittee] bureau; and
 - (ii) submit a written community paramedicine operational plan to the bureau that meets requirements established by the [eommittee] bureau.
- (b) A community paramedicine program shall report data, as determined by the [eommittee] bureau, related to community paramedicine to the bureau.
- (3) A service provided as part of a community paramedicine program may not be billed to an individual or a health benefit plan as defined in Section 31A-1-301 unless:
- (a) the service is provided in partnership with a health care facility as defined in Section 26B-2-201; and
 - (b) the partnering health care facility is the person that bills the individual or health benefit plan.
- (4) Nothing in this section affects any billing authorized under Section 53-2d-503.
- (5) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, and Section 53-2d-105, the [eommittee] bureau shall make rules to implement this section.

Section 17. Section **53-2d-305** is amended to read:

53-2d-305 . Trauma center designations and guidelines.

- (1) The bureau~~[, after seeking the advice of the eommittee,]~~ shall establish by rule:
- (a) trauma center designation requirements; and
 - (b) model state guidelines for triage, treatment, transportation, and transfer of trauma patients to the most appropriate health care facility.
- (2) The bureau shall designate as a trauma center each hospital that:
- (a) voluntarily requests a trauma center designation; and
 - (b) meets the applicable requirements established pursuant to Subsection (1).

Section 18. Section **53-2d-402** is amended to read:

53-2d-402 . Licensure of emergency medical service personnel.

- (1) To promote the availability of comprehensive emergency medical services throughout the state, the [eommittee] bureau shall establish:
- (a) initial and ongoing licensure and training requirements for emergency medical service personnel in the following categories:

- 1117 (i) paramedic;
- 1118 (ii) advanced emergency medical services technician;
- 1119 (iii) emergency medical services technician;
- 1120 (iv) emergency medical responder;
- 1121 (v) behavioral emergency services technician; and
- 1122 (vi) advanced behavioral emergency services technician;
- 1123 (b) a method to monitor the certification status and continuing medical education hours
- 1124 for emergency medical dispatchers; and
- 1125 (c) guidelines for giving credit for out-of-state training and experience.
- 1126 (2) The bureau shall, based on the requirements established in Subsection (1):
- 1127 (a) develop, conduct, and authorize training and testing for emergency medical service
- 1128 personnel;
- 1129 (b) issue a license and license renewals to emergency medical service personnel other
- 1130 than emergency medical dispatchers; and
- 1131 (c) verify the certification of emergency medical dispatchers.
- 1132 (3) The bureau shall coordinate with local mental health authorities described in Section
- 1133 17-43-301 to develop and authorize initial and ongoing licensure and training
- 1134 requirements for licensure as a:
- 1135 (a) behavioral emergency services technician; and
- 1136 (b) advanced behavioral emergency services technician.
- 1137 (4) As provided in Section 53-2d-602, an individual issued a license or certified under this
- 1138 section may only provide emergency medical services to the extent allowed by the
- 1139 license or certification.
- 1140 (5) An individual may not be issued or retain a license under this section unless the
- 1141 individual obtains and retains background clearance under Section 53-2d-410.
- 1142 (6) An individual may not be issued or retain a certification under this section unless the
- 1143 individual obtains and retains background clearance in accordance with Section
- 1144 53-2d-410.5.
- 1145 Section 19. Section **53-2d-403** is amended to read:
- 1146 **53-2d-403 . Designation of emergency medical service providers, training centers,**
- 1147 **and nonemergency secured behavioral health transport providers.**
- 1148 (1) To ensure quality emergency medical services, the [~~committee~~] bureau shall establish
- 1149 designation requirements for:
- 1150 (a) emergency medical service providers in the following categories:

- (i) quick response provider;
- (ii) resource hospital for emergency medical providers;
- (iii) emergency medical service dispatch center;
- (iv) emergency patient receiving facilities; and
- (v) other types of emergency medical service providers as the ~~[committee]~~ bureau considers necessary; and

(b) nonemergency secured behavioral health transport providers.

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

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

(4) The bureau shall establish designation requirements for training centers that are:

- (a) colleges or universities;
- (b) vocational schools;
- (c) technical colleges;
- (d) for profit and non-profit organizations; or
- (e) privately owned or operated businesses.

Section 20. Section **53-2d-404** is amended to read:

53-2d-404 . Permits for emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.

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

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

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

(2) The bureau shall, based on the requirements established in Subsection (1), issue permits

to emergency medical service vehicles and nonemergency secured behavioral health transport vehicles.

Section 21. Section **53-2d-405** is amended to read:

53-2d-405 . Ambulance license required for emergency medical transport.

Except as provided in Section 53-2d-408, only an ambulance operating under a permit issued under Section 53-2d-404 may transport an individual who:

- (1) is in an emergency medical condition;
- (2) is medically or mentally unstable, requiring direct medical observation during transport;
- (3) is physically incapacitated because of illness or injury and in need of immediate transport by emergency medical service personnel;
- (4) is likely to require medical attention during transport;
- (5) is being maintained on any type of emergency medical electronic monitoring;
- (6) is receiving or has recently received medications that could cause a sudden change in medical condition that might require emergency medical services;
- (7) requires IV administration or maintenance, oxygen that is not patient-operated, or other emergency medical services during transport;
- (8) needs to be immobilized during transport to a hospital, an emergency patient receiving facility, or mental health facility due to a mental or physical condition, unless the individual is in the custody of a peace officer and the primary purpose of the restraint is to prevent escape;
- (9) needs to be immobilized due to a fracture, possible fracture, or other medical condition; or
- (10) otherwise requires or has the potential to require a level of medical care that the [~~committee~~ bureau establishes as requiring direct medical observation.

Section 22. Section **53-2d-406** is amended to read:

53-2d-406 . Medical control.

- (1) The [~~committee~~ bureau 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~~ bureau 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 23. Section **53-2d-502** is amended to read:

53-2d-502 . Exclusive geographic service areas.

- (1)(a) Each ground ambulance provider license issued under this part shall be for an exclusive geographic service area as described in the license.
- (b) Only the licensed ground ambulance provider may respond to an ambulance request that originates within the provider's exclusive geographic service area, except as provided in Subsection (5) and Section 53-2d-516.
- (2)(a) Each paramedic provider license issued under this part shall be for an exclusive geographic service area as described in the license.
- (b) Only the licensed paramedic provider may respond to a paramedic request that originates within the exclusive geographic service area, except as provided in Subsection (6) and Section 53-2d-516.
- (3) Nothing in this section may be construed as either requiring or prohibiting that the formation of boundaries in a given location be the same for a licensed paramedic provider and a licensed ambulance provider.
- (4)(a) A licensed ground ambulance or paramedic provider may, as necessary, enter into a mutual aid agreement to allow another licensed provider to give assistance in times of unusual demand~~[, as that term is defined by the committee in rule]~~.
- (b) A mutual aid agreement shall include a formal written plan detailing the type of assistance and the circumstances under which it would be given.
- (c) The parties to a mutual aid agreement shall submit a copy of the agreement to the [~~department~~] bureau.
- (d) Notwithstanding this Subsection (4), a licensed provider may not subcontract with another entity to provide services in the licensed provider's exclusive geographic service area.
- (5) Notwithstanding Subsection (1), a licensed ground ambulance provider may respond to an ambulance request that originates from the exclusive geographic area of another provider:
- (a) pursuant to a mutual aid agreement;
 - (b) to render assistance on a case-by-case basis to that provider; and
 - (c) as necessary to meet needs in time of disaster or other major emergency.
- (6) Notwithstanding Subsection (2), a licensed paramedic provider may respond to a paramedic request that originates from the exclusive geographic area of another provider:
- (a) pursuant to a mutual aid agreement;
 - (b) to render assistance on a case-by-case basis to that provider; and

(c) as necessary to meet needs in time of disaster or other major emergency.

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

(a) if the alignment is practical and in the public interest;

(b) if each licensed provider that would be affected by the alignment agrees to the alignment; and

(c) taking into consideration the requirements of:

(i) Section 11-48-103; and

(ii) Section 53-2d-508.

Section 24. Section **53-2d-505.4** is amended to read:

53-2d-505.4 . Non-911 provider -- Finding of meritorious complaint -- Request for proposals.

(1)(a) This section applies to a non-911 provider license under this chapter.

(b) The bureau shall, in accordance with Subsections (3) and (4):

(i) receive a complaint about a non-911 provider;

(ii) determine whether the complaint has merit;

(iii) issue a finding of:

(A) a meritorious complaint; or

(B) a non-meritorious complaint; and

(iv) forward a finding of a meritorious complaint to the governing body of the political subdivision:

(A) in which the non-911 provider is licensed; or

(B) that provides the non-911 services, if different from Subsection (1)(b)(iv)(A).

(2)(a) A political subdivision that receives a finding of a meritorious complaint from the bureau shall take corrective action that the political subdivision determines is appropriate.

(b) A political subdivision that determines corrective action will not resolve the complaint or is not appropriate shall:

(i) subject to Subsection (2)(c), issue a request for proposal for non-911 service in the geographic service area; or

(ii)(A) make a finding that a request for proposal for non-911 services is appropriate; and

(B) submit the political subdivision's findings to the bureau with a request that the bureau issue a request for proposal in accordance with Section 53-2d-505.5.

- (c) A political subdivision that issues a request for proposal under Subsection (2)(b)(i):
- (i) may not respond to the request for proposal; and
 - (ii) shall issue the request for proposal in accordance with Sections 53-2d-505.1 through 53-2d-505.3.

- (d) If a political subdivision submits a request to the bureau described in Subsection (2)(b)(ii), the bureau shall issue a request for proposal for non-911 services in accordance with Section 26B-4-159.

- (3) The bureau shall make a determination under Subsection (1)(b) if[:]

~~[(a)]~~ the bureau receives a written complaint from any of the following in the geographic service area:

~~[(i)]~~ (a) a hospital;

~~[(ii)]~~ (b) a health care facility;

~~[(iii)]~~ (c) a political subdivision; or

~~[(iv)]~~ (d) an individual[; and] .

~~[(b) the bureau determines, in accordance with Subsection (1)(b), that the complaint has merit.]~~

- (4)(a) If the bureau receives a complaint under Subsection (1)(b), the ~~[department]~~ bureau shall request a written response from the non-911 provider concerning the complaint.

- (b) The bureau shall make a determination under Subsection (1)(b) based on:

(i) the written response from the non-911 provider; and

(ii) other information that the department or bureau may have concerning the quality of service of the non-911 provider.

- (c)(i) The bureau's determination under Subsection (1)(b) is not subject to an adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.

(ii) The bureau shall adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of Subsection (1)(b).

Section 25. Section **53-2d-506** is amended to read:

53-2d-506 . Ground ambulance and paramedic licenses -- Parties.

- (1) When an applicant approved under Section 53-2d-504 seeks licensure under the provisions of Sections 53-2d-506 through 53-2d-509, the bureau shall:

- (a) issue a notice of agency action to the applicant to commence an informal administrative proceeding; and

- 1321 ~~[(b) provide notice of the application to all interested parties; and]~~
1322 ~~[(e) publish notice of the application, at the applicant's expense:]~~
1323 ~~[(f) once a week for four consecutive weeks, in a newspaper of general circulation in~~
1324 ~~the geographic service area that is the subject of the application; and]~~
1325 ~~[(ii) in accordance with Section 45-1-101 for four weeks.]~~

1326 (b) provide a class A notice of the application under Section 63G-30-102.

- 1327 (2) An interested party has 30 days to object to an application.
1328 (3) If an interested party objects, the presiding officer shall join the interested party as an
1329 indispensable party to the proceeding.
1330 (4) The bureau may join the proceeding as a party to represent the public interest.
1331 (5) Others who may be affected by the grant of a license to the applicant may join the
1332 proceeding, if the presiding officer determines that they meet the requirement of legal
1333 standing.

1334 Section 26. Section **53-2d-603** is amended to read:

1335 **53-2d-603 . Discipline of emergency medical services personnel.**

- 1336 (1) The bureau may refuse to issue a license or renewal, or revoke, suspend, restrict, or
1337 place on probation an individual's license or endorsement if:
1338 (a) the individual does not meet the qualifications for licensure under Section 53-2d-402;
1339 (b) the individual has engaged in conduct~~[-as defined by committee rule,]~~ that:
1340 (i) is unprofessional;
1341 (ii) is adverse to the public health, safety, morals, or welfare; or
1342 (iii) would adversely affect public trust in the emergency medical service system;
1343 (c) the individual has violated Section 53-2d-602 or other provision of this chapter;
1344 (d) the individual has violated Section 58-1-509;
1345 (e) a court of competent jurisdiction has determined the individual to be mentally
1346 incompetent for any reason; or
1347 (f) the individual is unable to provide emergency medical services with reasonable skill
1348 and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any
1349 other type of material, or as a result of any other mental or physical condition, when
1350 the individual's condition demonstrates a clear and unjustifiable threat or potential
1351 threat to oneself, coworkers, or the public health, safety, or welfare that cannot be
1352 reasonably mitigated.
1353 (2)(a) An action to revoke, suspend, restrict, or place a license on probation shall be
1354 done in:

(i) consultation with the peer review board created in Section 53-2d-103; and

(ii) accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(b) Notwithstanding Subsection (2)(a), the bureau may issue a cease and desist order under Section 53-2d-607 to immediately suspend an individual's license pending an administrative proceeding to be held within 30 days if there is evidence to show that the individual poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.

(3) An individual whose license has been suspended, revoked, or restricted may apply for reinstatement of the license at reasonable intervals and upon compliance with any conditions imposed upon the license by statute, ~~[committee]~~rule, or the terms of the suspension, revocation, or restriction.

Section 27. Section **53-2d-604** is amended to read:

53-2d-604 . Discipline of designated and licensed providers, and training centers.

(1) The bureau may refuse to issue a license or designation or a renewal, or revoke, suspend, restrict, or place on probation, a training center, or [an] any emergency medical service provider's license or designation, including the license or designation of a non-911 service provider, if the training center or 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]~~ bureau rule;
- (e) failed to follow operational standards established by the ~~[committee]~~ bureau; 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]~~ bureau may issue a cease and desist order under Section 53-2d-607 to immediately suspend a license or designation pending an administrative proceeding to be held within 30 days if there is evidence to show that the provider or facility poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.

Section 28. Section **53-2d-606.5** is enacted to read:

53-2d-606.5 . Investigative authority of the bureau -- Subpoenas -- Criminal penalty.

- (1) In connection with conducting a formal investigation or any matters pending before the peer review board, the bureau may administer oaths and affirmations, subpoena witnesses, take evidence, and require by subpoena duces tecum the production of relevant papers, records, or other documents or information.
- (2) A person who willfully disobeys a valid subpoena issued by the bureau is guilty of a class B misdemeanor.

Section 29. Section **53-2d-607** is amended to read:

53-2d-607 . Cease and desist letters -- Criminal penalty.

- (1) The bureau may issue a cease and desist order to any person who:
- [(+)] (a) may be disciplined under Section 53-2d-603 or 53-2d-604; or
- [(2)] (b) otherwise violates this chapter or any rules adopted under this chapter.
- (2) An individual who willfully disobeys a valid cease and desist letter issued by the bureau is guilty of a class B misdemeanor.

Section 30. Section **53-10-405** is amended to read:

53-10-405 . DNA specimen analysis -- Saliva sample to be obtained by agency -- Blood sample to be drawn by professional.

- (1)(a) A saliva sample shall be obtained by the responsible agency under Subsection 53-10-404(5).
- (b) The sample shall be obtained in a professionally acceptable manner, using appropriate procedures to ensure the sample is adequate for DNA analysis.
- (2)(a) A blood sample shall be drawn in a medically acceptable manner by any of the following:
- (i) a physician;
 - (ii) a physician assistant;
 - (iii) a registered nurse;
 - (iv) a licensed practical nurse;
 - (v) a paramedic;
 - (vi) as provided in Subsection (2)(b), emergency medical service personnel other than paramedics; or
 - (vii) a person with a valid permit issued by the ~~[Department of Health and Human~~

Services] Department of Public Safety under Section ~~[26B-1-202]~~ 53-2d-103.

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

(c) A person authorized by this section to draw a blood sample may not be held civilly liable for drawing a sample in a medically acceptable manner.

(3) A test result or opinion based upon a test result regarding a DNA specimen may not be rendered inadmissible as evidence solely because of deviations from procedures adopted by the department that do not affect the reliability of the opinion or test result.

(4) A DNA specimen is not required to be obtained if:

(a) the court or the responsible agency confirms with the department that the department has previously received an adequate DNA specimen obtained from the person in accordance with this section; or

(b) the court determines that obtaining a DNA specimen would create a substantial and unreasonable risk to the health of the person.

Section 31. Section **58-67-305** is amended to read:

58-67-305 . Exemptions from licensure.

In addition to the exemptions from licensure in Section 58-1-307, the following individuals may engage in the described acts or practices without being licensed under this chapter:

(1) an individual rendering aid in an emergency, when no fee or other consideration of value for the service is charged, received, expected, or contemplated;

(2) an individual administering a domestic or family remedy;

(3)(a)(i) a person engaged in the sale of vitamins, health foods, dietary supplements, herbs, or other products of nature, the sale of which is not otherwise prohibited by state or federal law; and

(ii) a person acting in good faith for religious reasons, as a matter of conscience, or based on a personal belief, when obtaining or providing any information regarding health care and the use of any product under Subsection (3)(a)(i); and

(b) Subsection (3)(a) does not:

(i) allow a person to diagnose any human disease, ailment, injury, infirmity, deformity, pain, or other condition; or

- 1457 (ii) prohibit providing truthful and non-misleading information regarding any of the
1458 products under Subsection (3)(a)(i);
- 1459 (4) a person engaged in good faith in the practice of the religious tenets of any church or
1460 religious belief, without the use of prescription drugs;
- 1461 (5) an individual authorized by the [~~Department of Health and Human Services~~] Department
1462 of Public Safety under Section [~~26B-1-202~~] 53-2d-103, to draw blood pursuant to
1463 Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or 77-23-213
1464 (3)(a)(vi);
- 1465 (6) a medical assistant:
- 1466 (a) administering a vaccine under the general supervision of a physician; or
- 1467 (b) under the indirect supervision of a physician, engaging in tasks appropriately
1468 delegated by the physician in accordance with the standards and ethics of the practice
1469 of medicine, except for:
- 1470 (i) performing surgical procedures;
- 1471 (ii) prescribing prescription medications;
- 1472 (iii) administering anesthesia other than for a local anesthetic for minor procedural
1473 use; or
- 1474 (iv) engaging in other medical practices or procedures as defined by division rule in
1475 collaboration with the board;
- 1476 (7) an individual engaging in the practice of medicine when:
- 1477 (a) the individual is licensed in good standing as a physician in another state with no
1478 licensing action pending and no less than 10 years of professional experience;
- 1479 (b) the services are rendered as a public service and for a noncommercial purpose;
- 1480 (c) no fee or other consideration of value is charged, received, expected, or contemplated
1481 for the services rendered beyond an amount necessary to cover the proportionate cost
1482 of malpractice insurance; and
- 1483 (d) the individual does not otherwise engage in unlawful or unprofessional conduct;
- 1484 (8) an individual providing expert testimony in a legal proceeding; and
- 1485 (9) an individual who is invited by a school, association, society, or other body approved by
1486 the division to conduct a clinic or demonstration of the practice of medicine in which
1487 patients are treated, if:
- 1488 (a) the individual does not establish a place of business in this state;
- 1489 (b) the individual does not regularly engage in the practice of medicine in this state;
- 1490 (c) the individual holds a current license in good standing to practice medicine issued by

- 1491 another state, district or territory of the United States, or Canada;
- 1492 (d) the primary purpose of the event is the training of others in the practice of medicine;
- 1493 and
- 1494 (e) neither the patient nor an insurer is billed for the services performed.

1495 Section 32. Section **58-68-305** is amended to read:

1496 **58-68-305 . Exemptions from licensure.**

1497 In addition to the exemptions from licensure in Section 58-1-307, the following

1498 individuals may engage in the described acts or practices without being licensed under this

1499 chapter:

- 1500 (1) an individual rendering aid in an emergency, when no fee or other consideration of
- 1501 value for the service is charged, received, expected, or contemplated;
- 1502 (2) an individual administering a domestic or family remedy;
- 1503 (3)(a)(i) a person engaged in the lawful sale of vitamins, health foods, dietary
- 1504 supplements, herbs, or other products of nature, the sale of which is not otherwise
- 1505 prohibited by state or federal law; and
- 1506 (ii) a person acting in good faith for religious reasons, as a matter of conscience, or
- 1507 based on a personal belief, when obtaining or providing any information regarding
- 1508 health care and the use of any product under Subsection (3)(a)(i); and
- 1509 (b) Subsection (3)(a) does not:
- 1510 (i) permit a person to diagnose any human disease, ailment, injury, infirmity,
- 1511 deformity, pain, or other condition; or
- 1512 (ii) prohibit providing truthful and non-misleading information regarding any of the
- 1513 products under Subsection (3)(a)(i);
- 1514 (4) a person engaged in good faith in the practice of the religious tenets of any church or
- 1515 religious belief without the use of prescription drugs;
- 1516 (5) an individual authorized by the ~~[Department of Health and Human Services]~~ Department
- 1517 of Public Safety under Section ~~[26B-1-202]~~ 53-2d-103, to draw blood pursuant to
- 1518 Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or 77-23-213
- 1519 (3)(a)(vi);
- 1520 (6) a medical assistant:
- 1521 (a) administering a vaccine under the general supervision of a physician; or
- 1522 (b) under the indirect supervision of a physician, engaging in tasks appropriately
- 1523 delegated by the physician in accordance with the standards and ethics of the practice
- 1524 of medicine, except for:

- 1525 (i) performing surgical procedures;
- 1526 (ii) prescribing prescription medications;
- 1527 (iii) administering anesthesia other than a local anesthetic for minor procedural use; or
- 1528 (iv) engaging in other medical practices or procedures as defined by division rule in
- 1529 collaboration with the board;
- 1530 (7) an individual engaging in the practice of osteopathic medicine when:
 - 1531 (a) the individual is licensed in good standing as an osteopathic physician in another
 - 1532 state with no licensing action pending and no less than 10 years of professional
 - 1533 experience;
 - 1534 (b) the services are rendered as a public service and for a noncommercial purpose;
 - 1535 (c) no fee or other consideration of value is charged, received, expected, or contemplated
 - 1536 for the services rendered beyond an amount necessary to cover the proportionate cost
 - 1537 of malpractice insurance; and
 - 1538 (d) the individual does not otherwise engage in unlawful or unprofessional conduct;
- 1539 (8) an individual providing expert testimony in a legal proceeding; and
- 1540 (9) an individual who is invited by a school, association, society, or other body approved by
- 1541 the division in collaboration with the board to conduct a clinic or demonstration of the
- 1542 practice of medicine in which patients are treated, if:
 - 1543 (a) the individual does not establish a place of business in this state;
 - 1544 (b) the individual does not regularly engage in the practice of medicine in this state;
 - 1545 (c) the individual holds a current license in good standing to practice medicine issued by
 - 1546 another state, district or territory of the United States, or Canada;
 - 1547 (d) the primary purpose of the event is the training of others in the practice of medicine;
 - 1548 and
 - 1549 (e) neither the patient nor an insurer is billed for the services performed.

1550 Section 33. Section **58-71-305** is amended to read:

1551 **58-71-305 . Exemptions from licensure.**

1552 In addition to the exemptions from licensure in Section 58-1-307, the following
1553 individuals may engage in the described acts or practices without being licensed under this
1554 chapter:

- 1555 (1) an individual rendering aid in an emergency, when no fee or other consideration of
- 1556 value for the service is charged, received, expected, or contemplated;
- 1557 (2) an individual administering a domestic or family remedy;
- 1558 (3) a person engaged in the sale of vitamins, health foods, dietary supplements, herbs, or

other products of nature, the sale of which is not otherwise prohibited under state or federal law, but this subsection does not:

- (a) allow a person to diagnose any human disease, ailment, injury, infirmity, deformity, pain, or other condition; or
- (b) prohibit providing truthful and nonmisleading information regarding any of the products under this subsection;
- (4) a person engaged in good faith in the practice of the religious tenets of any church or religious belief, without the use of prescription drugs;
- (5) a person acting in good faith for religious reasons as a matter of conscience or based on a personal belief when obtaining or providing information regarding health care and the use of any product under Subsection (3);
- (6) an individual authorized by the [~~Department of Health and Human Services~~] Department of Public Safety under Section [~~26B-1-202~~] 53-2d-103, to draw blood pursuant to Subsection 41-6a-523(1)(a)(vi), 53-10-405(2)(a)(vi), 72-10-502(5)(a)(vi), or 77-23-213 (3)(a)(vi);
- (7) a naturopathic medical assistant while working under the direct and immediate supervision of a licensed naturopathic physician to the extent the medical assistant is engaged in tasks appropriately delegated by the supervisor in accordance with the standards and ethics of the practice of naturopathic medicine; and
- (8) an individual who has completed all requirements for licensure under this chapter except the clinical experience required under Section 58-71-302, for a period of one year while that individual is completing that clinical experience requirement and who is working under the provisions of a temporary license issued by the division.

Section 34. Section **63G-4-102** is amended to read:

63G-4-102 . Scope and applicability of chapter.

- (1) Except as set forth in Subsection (2), and except as otherwise provided by a statute superseding provisions of this chapter by explicit reference to this chapter, the provisions of this chapter apply to every agency of the state and govern:
 - (a) state agency action that determines the legal rights, duties, privileges, immunities, or other legal interests of an identifiable person, including agency action to grant, deny, revoke, suspend, modify, annul, withdraw, or amend an authority, right, or license; and
 - (b) judicial review of the action.
- (2) This chapter does not govern:

- 1593 (a) the procedure for making agency rules, or judicial review of the procedure or rules;
1594 (b) the issuance of a notice of a deficiency in the payment of a tax, the decision to waive
1595 a penalty or interest on taxes, the imposition of and penalty or interest on taxes, or the
1596 issuance of a tax assessment, except that this chapter governs an agency action
1597 commenced by a taxpayer or by another person authorized by law to contest the
1598 validity or correctness of the action;
- 1599 (c) state agency action relating to extradition, to the granting of a pardon or parole, a
1600 commutation or termination of a sentence, or to the rescission, termination, or
1601 revocation of parole or probation, to the discipline of, resolution of a grievance of,
1602 supervision of, confinement of, or the treatment of an inmate or resident of a
1603 correctional facility, the Utah State Hospital, the Utah State Developmental Center,
1604 or a person in the custody or jurisdiction of the Office of Substance Use and Mental
1605 Health, or a person on probation or parole, or judicial review of the action;
- 1606 (d) state agency action to evaluate, discipline, employ, transfer, reassign, or promote a
1607 student or teacher in a school or educational institution, or judicial review of the
1608 action;
- 1609 (e) an application for employment and internal personnel action within an agency
1610 concerning its own employees, or judicial review of the action;
- 1611 (f) the issuance of a citation or assessment under Title 34A, Chapter 6, Utah
1612 Occupational Safety and Health Act, and Title 58, Occupations and Professions,
1613 except that this chapter governs an agency action commenced by the employer,
1614 licensee, or other person authorized by law to contest the validity or correctness of
1615 the citation or assessment;
- 1616 (g) state agency action relating to management of state funds, the management and
1617 disposal of school and institutional trust land assets, and contracts for the purchase or
1618 sale of products, real property, supplies, goods, or services by or for the state, or by
1619 or for an agency of the state, except as provided in those contracts, or judicial review
1620 of the action;
- 1621 (h) state agency action under Title 7, Chapter 1, Part 3, Powers and Duties of
1622 Commissioner of Financial Institutions, Title 7, Chapter 2, Possession of Depository
1623 Institution by Commissioner, Title 7, Chapter 19, Acquisition of Failing Depository
1624 Institutions or Holding Companies, and Chapter 7, Governmental Immunity Act of
1625 Utah, or judicial review of the action;
- 1626 (i) the initial determination of a person's eligibility for unemployment benefits, the initial

- determination of a person's eligibility for benefits under Title 34A, Chapter 2, Workers' Compensation Act, and Title 34A, Chapter 3, Utah Occupational Disease Act, or the initial determination of a person's unemployment tax liability;
- (j) state agency action relating to the distribution or award of a monetary grant to or between governmental units, or for research, development, or the arts, or judicial review of the action;
- (k) the issuance of a notice of violation or order under ~~[Title 53, Chapter 2d, Emergency Medical Services Act,]~~ Title 19, Chapter 2, Air Conservation Act, Title 19, Chapter 3, Radiation Control Act, Title 19, Chapter 4, Safe Drinking Water Act, Title 19, Chapter 5, Water Quality Act, Title 19, Chapter 6, Part 1, Solid and Hazardous Waste Act, Title 19, Chapter 6, Part 4, Underground Storage Tank Act, or Title 19, Chapter 6, Part 7, Used Oil Management Act, or Title 19, Chapter 6, Part 10, Mercury Switch Removal Act, except that this chapter governs an agency action commenced by a person authorized by law to contest the validity or correctness of the notice or order;
- (l) state agency action, to the extent required by federal statute or regulation, to be conducted according to federal procedures;
- (m) the initial determination of a person's eligibility for government or public assistance benefits;
- (n) state agency action relating to wildlife licenses, permits, tags, and certificates of registration;
- (o) a license for use of state recreational facilities;
- (p) state agency action under Chapter 2, Government Records Access and Management Act, except as provided in Section 63G-2-603;
- (q) state agency action relating to the collection of water commissioner fees and delinquency penalties, or judicial review of the action;
- (r) state agency action relating to the installation, maintenance, and repair of headgates, caps, valves, or other water controlling works and weirs, flumes, meters, or other water measuring devices, or judicial review of the action;
- (s) the issuance and enforcement of an initial order under Section 73-2-25;
- (t)(i) a hearing conducted by the Division of Securities under Section 61-1-11.1; and
(ii) an action taken by the Division of Securities under a hearing conducted under Section 61-1-11.1, including a determination regarding the fairness of an issuance or exchange of securities described in Subsection 61-1-11.1(1);
- (u) state agency action relating to water well driller licenses, water well drilling permits,

- 1661 water well driller registration, or water well drilling construction standards, or
1662 judicial review of the action;
- 1663 (v) the issuance of a determination and order under Title 34A, Chapter 5, Utah
1664 Antidiscrimination Act;
- 1665 (w) state environmental studies and related decisions by the Department of
1666 Transportation approving state or locally funded projects, or judicial review of the
1667 action;
- 1668 (x) the suspension of operations under Subsection 32B-1-304(3);
- 1669 (y) the issuance of a determination of violation by the Governor's Office of Economic
1670 Opportunity under Section 11-41-104; or
- 1671 (z) a challenge to an aspect of a distribution management plan under Section 73-33-202.
- 1672 (3) This chapter does not affect a legal remedy otherwise available to:
- 1673 (a) compel an agency to take action; or
- 1674 (b) challenge an agency's rule.
- 1675 (4) This chapter does not preclude an agency, prior to the beginning of an adjudicative
1676 proceeding, or the presiding officer during an adjudicative proceeding from:
- 1677 (a) requesting or ordering a conference with parties and interested persons to:
- 1678 (i) encourage settlement;
- 1679 (ii) clarify the issues;
- 1680 (iii) simplify the evidence;
- 1681 (iv) facilitate discovery; or
- 1682 (v) expedite the proceeding; or
- 1683 (b) granting a timely motion to dismiss or for summary judgment if the requirements of
1684 Rule 12(b) or Rule 56 of the Utah Rules of Civil Procedure are met by the moving
1685 party, except to the extent that the requirements of those rules are modified by this
1686 chapter.
- 1687 (5)(a) A declaratory proceeding authorized by Section 63G-4-503 is not governed by
1688 this chapter, except as explicitly provided in that section.
- 1689 (b) Judicial review of a declaratory proceeding authorized by Section 63G-4-503 is
1690 governed by this chapter.
- 1691 (6) This chapter does not preclude an agency from enacting a rule affecting or governing an
1692 adjudicative proceeding or from following the rule, if the rule is enacted according to the
1693 procedures outlined in Chapter 3, Utah Administrative Rulemaking Act, and if the rule
1694 conforms to the requirements of this chapter.

- (7)(a) If the attorney general issues a written determination that a provision of this chapter would result in the denial of funds or services to an agency of the state from the federal government, the applicability of the provision to that agency shall be suspended to the extent necessary to prevent the denial.
- (b) The attorney general shall report the suspension to the Legislature at its next session.
- (8) Nothing in this chapter may be interpreted to provide an independent basis for jurisdiction to review final agency action.
- (9) Nothing in this chapter may be interpreted to restrict a presiding officer, for good cause shown, from lengthening or shortening a time period prescribed in this chapter, except the time period established for judicial review.
- (10) Notwithstanding any other provision of this section, this chapter does not apply to a special adjudicative proceeding, as defined in Section 19-1-301.5, except to the extent expressly provided in Section 19-1-301.5.
- (11) Subsection (2)(w), regarding action taken based on state environmental studies and policies of the Department of Transportation, applies to any claim for which a court of competent jurisdiction has not issued a final unappealable judgment or order before May 14, 2019.

Section 35. Section **72-10-502** is amended to read:

72-10-502 . Implied consent to chemical tests for alcohol or drugs -- Number of tests -- Refusal -- Person incapable of refusal -- Results of test available -- Who may give test -- Evidence -- Immunity from liability.

- (1)(a) A person operating an aircraft in this state consents to a chemical test or tests of the person's breath, blood, urine, or oral fluids:
- (i) for the purpose of determining whether the person was operating or in actual physical control of an aircraft while having a blood or breath alcohol content statutorily prohibited under Section 72-10-501, or while under the influence of alcohol, any drug, or combination of alcohol and any drug under Section 72-10-501, if the test is or tests are administered at the direction of a peace officer having grounds to believe that person to have been operating or in actual physical control of an aircraft in violation of Section 72-10-501; or
 - (ii) if the person operating the aircraft is involved in an accident that results in death, serious injury, or substantial aircraft damage.
- (b)(i) The peace officer determines which of the tests are administered and how many of them are administered.

- 1729 (ii) The peace officer may order any or all tests of the person's breath, blood, urine, or
1730 oral fluids.
- 1731 (iii) If an officer requests more than one test, refusal by a person to take one or more
1732 requested tests, even though the person does submit to any other requested test or
1733 tests, is a refusal under this section.
- 1734 (c)(i) A person who has been requested under this section to submit to a chemical test
1735 or tests of the person's breath, blood, urine, or oral fluids may not select the test or
1736 tests to be administered.
- 1737 (ii) The failure or inability of a peace officer to arrange for any specific chemical test
1738 is not a defense to taking a test requested by a peace officer, and it is not a defense
1739 in any criminal, civil, or administrative proceeding resulting from a person's
1740 refusal to submit to the requested test or tests.
- 1741 (2)(a) If the person has been placed under arrest and has then been requested by a peace
1742 officer to submit to any one or more of the chemical tests provided in Subsection (1)
1743 and refuses to submit to any chemical test, the person shall be warned by the peace
1744 officer requesting the test that a refusal to submit to the test is admissible in civil or
1745 criminal proceedings as provided under Subsection (8).
- 1746 (b) Following this warning, unless the person immediately requests that the chemical
1747 test offered by a peace officer be administered, a test may not be given.
- 1748 (3) A person who is dead, unconscious, or in any other condition rendering the person
1749 incapable of refusal to submit to any chemical test or tests is considered to not have
1750 withdrawn the consent provided for in Subsection (1), and the test or tests may be
1751 administered whether the person has been arrested or not.
- 1752 (4) Upon the request of the person who was tested, the results of the test or tests shall be
1753 made available to that person.
- 1754 (5)(a) Only the following, acting at the request of a peace officer, may draw blood to
1755 determine its alcohol or drug content:
- 1756 (i) a physician;
- 1757 (ii) a registered nurse;
- 1758 (iii) a licensed practical nurse;
- 1759 (iv) a paramedic;
- 1760 (v) as provided in Subsection (5)(b), emergency medical service personnel other than
1761 paramedics; or
- 1762 (vi) a person with a valid permit issued by the ~~Department of Health and Human~~

Services] Department of Public Safety under Section [~~26B-1-202~~] 53-2d-103.

(b) The [~~Department of Health and Human Services~~] Department of Public Safety may designate by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency medical service personnel, as defined in Section 53-2d-101, are authorized to draw blood under Subsection (5)(a)(v), based on the type of license under Section 53-2d-402.

(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.

(9) The results of any test taken under this section or the refusal to be tested shall be reported to the Federal Aviation Administration by the peace officer requesting the test.

(10) Notwithstanding the provisions of this section, a blood test taken under this section is subject to Section 77-23-213.

Section 36. Section **77-23-213** is amended to read:

77-23-213 . Blood testing.

- (1) As used in this section:
- (a) "Law enforcement purpose" means duties that consist primarily of the prevention and detection of crime and the enforcement of criminal statutes or ordinances of this state or any of this state's political subdivisions.
 - (b) "Peace officer" means those persons specified in Title 53, Chapter 13, Peace Officer Classifications.
- (2) A peace officer may require an individual to submit to a blood test for a law enforcement purpose only if:
- (a) the individual or legal representative of the individual with authority to give consent gives oral or written consent to the blood test;
 - (b) the peace officer obtains a warrant to administer the blood test; or
 - (c) a judicially recognized exception to obtaining a warrant exists as established by the Utah Court of Appeals, Utah Supreme Court, Court of Appeals of the Tenth Circuit, or the Supreme Court of the United States.
- (3)(a) Only the following, acting at the request of a peace officer, may draw blood to determine the blood's alcohol or drug content:
- (i) a physician;
 - (ii) a physician assistant;
 - (iii) a registered nurse;
 - (iv) a licensed practical nurse;
 - (v) a paramedic;
 - (vi) as provided in Subsection (3)(b), emergency medical service personnel other than a paramedic; or
 - (vii) a person with a valid permit issued by the ~~[Department of Health and Human Services]~~ Department of Public Safety under Section ~~[26B-1-202]~~ 53-2d-103.
- (b) The ~~[Department of Health and Human Services]~~ Department of Public Safety may designate by rule, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, which emergency medical service personnel, as defined in Section 53-2d-101, are authorized to draw blood under Subsection (3)(a)(vi), based on the type of license under Section 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:

1831 (i) a person authorized to draw blood under Subsection (3)(a); and
1832 (ii) if the blood is drawn at a hospital or other medical facility, the medical facility.
1833 Section 37. **Repealer.**
1834 This bill repeals:
1835 Section **26B-1-235, Request for proposal required for non-state supplied services.**
1836 Section **53-2d-106, Waiver of rules, education, and licensing requirements.**
1837 Section 38. **Effective Date.**
1838 This bill takes effect on May 7, 2025.