House Bill 992

By: Representatives Lott of the 122nd, Mathiak of the 73rd, Newton of the 123rd, Martin of the 49th, and Dollar of the 45th

A BILL TO BE ENTITLED AN ACT

- 1 To amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to
- 2 emergency medical services, so as to eliminate certain requirements relating to the use of
- 3 automated external defibrillators; to eliminate obsolete language relating to base station
- 4 facilities; to provide for related matters; to repeal conflicting laws; and for other purposes.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

6 SECTION 1.

- 7 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency
- 8 medical services, is amended by revising Code Section 31-11-53.1, relating to automated
- 9 external defibrillator program, as follows:
- 10 "31-11-53.1.
- 11 (a) As used in this Code section, the term:
- 12 (1) 'Automated external defibrillator' means a defibrillator which:
- 13 (A) Is capable of cardiac rhythm analysis;
- 14 (B) Will charge and be capable of being activated to deliver a countershock after
- electrically detecting the presence of certain cardiac dysrhythmias; and
- 16 (C) Is capable of continuous recording of the cardiac dysrhythmia at the scene with a
- mechanism for transfer and storage or for printing for review subsequent to use.
- 18 (2) 'Defibrillation' means to terminate ventricular fibrillation.
- 19 (3) 'First responder' means any person or agency who provides on-site care until the
- arrival of a duly licensed ambulance service. This shall include, but not be limited to,
- 21 persons who routinely respond to calls for assistance through an affiliation with law
- 22 enforcement agencies, fire suppression agencies, rescue agencies, and others.
- 23 (b) It is the intent of the General Assembly that an automated external defibrillator may
- be used by any person for the purpose of saving the life of another person in cardiac arrest.
- 25 In order to ensure public health and safety:

26 (1) It is recommended that all persons who have access to or use an automated external 27 defibrillator obtain appropriate training as set forth in the rules and regulations of the 28 Department of Public Health. It is further recommended that such training include at a 29 minimum the successful completion of: 30 (A) A nationally recognized health care provider/professional rescuer level 31 cardiopulmonary resuscitation course; and 32 (B) A department established or approved course which includes demonstrated proficiency in the use of an automated external defibrillator; 33 34 (2) All persons and agencies possessing and maintaining an automated external defibrillator shall notify the appropriate emergency medical services system of the 35 existence and location of the automated external defibrillator prior to said defibrillator 36 37 being placed in use; (3) All It is further the intent of the General Assembly that all persons who use an 38 39 automated external defibrillator shall activate the emergency medical services system as soon as reasonably possible by calling 9-1-1 or the appropriate emergency telephone 40 number upon use of the automated external defibrillator; and 41 42 (4) Within a reasonable period of time, all persons who use an automated external 43 defibrillator shall make available a printed or electronically stored report to the licensed 44 emergency medical services provider which transports the patient. 45 (c) All persons who provide instruction to others in the use of the automated external 46 defibrillator shall have completed an instructor course established or approved by the 47 department. 48 (d) The department shall establish an automated external defibrillator program for use by 49 emergency medical technicians. Such program shall be subject to the direct supervision 50 of a medical adviser approved under Code Section 31-11-50. No emergency medical 51 technician shall be authorized to use an automated external defibrillator to defibrillate a 52 person unless that defibrillator is a properly maintained automated external defibrillator and that emergency medical technician: 53 54 (1) Submits to and has approved by the department an application for such use, and in considering that application the department may obtain and use the recommendation of 55 the local coordinating entity for the health district in which the applicant will use such 56 57 defibrillator; (2) Successfully completes an automated external defibrillator training program 58 established or approved by the department; 59 60 (3) Is subject to protocols requiring that both the emergency physician who receives a

patient defibrillated by that emergency medical technician and the medical adviser for the

defibrillator program review the department required prehospital care report and any

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other documentation of the defibrillation of any person by that emergency medical technician and send a written report of such review to the district EMS medical director of the health district in which the defibrillation occurred; and

- (4) Obtains a passing score on an annual automated external defibrillator proficiency exam given in connection with that program.
- (e) It shall not be necessary for a licensed emergency medical service, licensed neonatal transport service, or other services licensed by the department which provide care administered by cardiac technicians or paramedics to obtain department approval for the use of an automated external defibrillator on licensed vehicles.
 - (f) Any emergency medical technician who violates the provisions of this Code section shall be subject to having revoked by the department that person's authority to use an automated external defibrillator. Such a violation shall also be grounds for any entity which issues a license or certificate authorizing such emergency medical technician to perform emergency medical services to take disciplinary action against such person, including but not limited to suspension or revocation of that license or certificate. Such a violation shall also be grounds for the employer of such emergency medical technician to impose any sanction available thereto, including but not limited to dismissal.
- (g)(c) Any first responder who gratuitously and in good faith renders emergency care or treatment by the use of or provision of an automated external defibrillator, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts without gross negligence or intent to harm or as an ordinary reasonably prudent person would have acted under the same or similar circumstances, even if such individual does so without benefit of the appropriate training. This provision includes paid persons who extend care or treatment without expectation of remuneration from the patient or victim for receiving the defibrillation care or treatment."

SECTION 2.

- 91 Said chapter is further amended by revising Code Section 31-11-60.1, relating to program
- 92 for physician control over emergency medical services to nonhospital patients, as follows:
- 93 "31-11-60.1.

- 94 (a) As used in this Code section, the term:
- 95 (1) 'Ambulance service medical director' means a physician licensed to practice in this 96 state and subject to the approval of the local coordinating entity and the department who 97 has agreed, in writing, to provide medical direction to a specific ambulance service.

98 (2) 'Base station facility' means any facility responsible for providing direct physician control of emergency medical services.

- 100 (3)(2) 'District emergency medical services medical director' means a person who is:
- 101 (A) A physician licensed to practice medicine in this state;
- (B) Familiar with the design and operation of prehospital emergency services systems;
- 103 (C) Experienced in the prehospital emergency care of acutely ill or injured patients;
- 104 and
- 105 (D) Experienced in the administrative processes affecting regional and state prehospital emergency medical services systems.
- 107 (4)(3) 'Emergency medical services personnel' means any emergency medical technician,
- paramedic, cardiac technician, or designated first responder who is certified under this
- article.
- 110 (b) The department and the district emergency medical services medical directors shall
- develop and implement a program to ensure appropriate physician control over the
- rendering of emergency medical services by emergency medical services personnel to
- patients who are not in a hospital, which program shall include but not be limited to the
- 114 following:
- (1) Medical protocols regarding permissible and appropriate emergency medical services
- which may be rendered by emergency medical services personnel to a patient not in a
- 117 hospital;
- 118 (2) Communication protocols regarding which medical situations require direct voice
- 119 communication between emergency medical services personnel and a physician or a
- nurse or a paramedic or a physician assistant in direct communication with a physician
- prior to those emergency medical services personnel's rendering specified emergency
- medical services to a patient not in a hospital; and
- 123 (3) Record-keeping and accountability requirements for emergency medical services
- personnel and base station facility personnel in order to monitor compliance with this
- subsection; and
- 126 (4) Base station facility standards.
- 127 (c) The ambulance service medical director shall serve as the medical authority for the
- ambulance service, performing liaison activities with the medical community, medical
- facilities, and governmental agencies. The ambulance service medical director shall be
- responsible for the provision of medical direction and training for the emergency medical
- services personnel within the ambulance service for which he or she is responsible in
- 132 conformance with acceptable emergency medical practices and procedures. These
- responsibilities shall include the duties set forth in the department's rules and regulations
- for ambulance services.

135	(d) The district emergency medical services medical director shall not override those
136	policies or protocols of the ambulance service medical director if that ambulance service
137	medical director is documenting compliance with the department's rules and regulations
138	for ambulance services.
139	(e) Every base station facility shall comply with the policies, protocols, requirements, and
140	standards provided for in subsection (b) of this Code section.
141	(f)(e) All emergency medical services personnel shall comply with appropriate policies,
142	protocols, requirements, and standards of the ambulance service medical director for that
143	service or the policies, protocols, requirements, and standards provided for in subsection
144	(b) of this Code section.
145	(g)(f) Conduct which would otherwise constitute a violation of subsection (f)(e) of this
146	Code section shall not be such a violation if such conduct was carried out by any
147	emergency medical services personnel pursuant to an order from a physician, the
148	ambulance service medical director for such person, or the protocol of that ambulance
149	service as approved by the ambulance service medical director for such person.
150	(h) Violation by any base station facility of subsection (e) of this Code section may be
151	grounds for the removal of that base station facility's designation by the department.
152	(i) Enforcement of subsections (g) and (h) of this Code section shall commence no earlier
153	than 12 months after July 1, 1989."

154 **SECTION 3.**

155 All laws and parts of laws in conflict with this Act are repealed.