House Engrossed

State of Arizona House of Representatives Fiftieth Legislature Second Regular Session 2012

# **HOUSE BILL 2261**

### AN ACT

AMENDING SECTIONS 9-500.02, 36-104, 36-471, 36-2201, 36-2202, 36-2202.01, 36-2203, 36-2203.01, 36-2204, 36-2204.01, 36-2204.02, 36-2205, 36-2206, 36-2208, 36-2209, 36-2210, 36-2211, 36-2220, 36-2222, 36-2227, 36-2232, 36-2244, 36-2245, 36-2264, 41-1005, 41-1831 AND 48-818, ARIZONA REVISED STATUTES; RELATING TO EMERGENCY MEDICAL SERVICES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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     Be it enacted by the Legislature of the State of Arizona:
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           Section 1. Section 9-500.02, Arizona Revised Statutes, is amended to
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     read:
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           9-500.02. Emergency medical aid: assistance to other public
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                        bodies: limitation on liability
               A city or town or its officers and employees, a private fire or
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           Α.
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     ambulance company whose services are procured by a city or town or its
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     officers and employees, a property owner or its officers or employees, a
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     tenant or a licensed health care provider as defined in section 12-561 or an
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     emergency medical CARE technician certified pursuant to title 36, chapter
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     21.1 who performs emergency medical aid, when rendering emergency medical aid
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     provided by an emergency medical CARE technician, an intermediate emergency
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     medical technician or a paramedic AND who is certified by the director of the
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     department of health services pursuant to section 36-2205, is not liable for
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     civil or other damages to the recipient of the emergency medical aid as the
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     result of any act or omission in rendering such aid or as the result of any
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17 act or failure to act to provide or arrange for further medical treatment or 18 care for the sick or injured person. This subsection does not apply if the 19 person providing emergency medical aid is guilty of gross negligence or 20 intentional misconduct. The immunity provided for in this subsection does 21 not extend to an emergency medical CARE technician, an intermediate emergency 22 medical technician or a paramedic while operating a motor vehicle.

23 B. A city or town, an employee of a city or town or a licensed health 24 care provider if requested by a public body to assist at a traffic accident 25 on a public right-of-way or to render emergency aid at an emergency 26 occurrence outside of the corporate limits of such city or town is not liable 27 for any civil or other damages as the result of any act or omission by the 28 city or town or an employee of the city or town at the traffic accident, 29 rendering emergency care or as the result of any act or failure to act to 30 provide or arrange for further medical treatment or care for an injured 31 person. This subsection does not apply if the city or town, an employee of 32 the city or town or a licensed health care provider, while providing 33 assistance at such a traffic accident, rendering such emergency care or 34 acting or failing to act to provide such further medical treatment or care, 35 is guilty of gross negligence.

36 C. This section does not abrogate the right of an employee who is 37 injured while performing services as provided in subsection A of this section 38 to recover benefits for which the employee may be eligible under title 23, 39 chapter 6 from the city or town.

40 D. This section does not limit a plaintiff's right to recover civil 41 damages from any applicable uninsured motorist coverage or underinsured 42 motorist coverage.

1 E. This section does not apply to services provided in an emergency 2 room. 3 F. This section applies to all actions brought under sections 46-455 4 and 46-456, regardless of whether the action is brought by the recipient of 5 the emergency medical aid or by some other authorized person, organization or 6 governmental entity. 7 Sec. 2. Section 36-104, Arizona Revised Statutes, is amended to read: 8 36-104. Powers and duties 9 This section is not to be construed as a statement of the department's organization. This section is intended to be a statement of powers and 10 11 duties in addition to the powers and duties granted by section 36-103. The 12 director shall: 13 1. Administer the following services: (a) Administrative services, which shall include at a minimum the 14 15 functions of accounting, personnel, standards certification, electronic data 16 processing, vital statistics and the development, operation and maintenance 17 of buildings and grounds utilized by the department. 18 (b) Public health support services, which shall include at a minimum: 19 (i) Consumer health protection programs that include at least the 20 functions of community water supplies, general sanitation, vector control and 21 food and drugs. 22 (ii) Epidemiology and disease control programs that include at least 23 the functions of chronic disease, accident and injury control, communicable 24 diseases, tuberculosis, venereal disease and others. 25 (iii) Laboratory services programs. 26 (iv) Health education and training programs. 27 (v) Disposition of human bodies programs. 28 (c) Community health services, which shall include at a minimum: 29 (i) Medical services programs that include at least the functions of 30 maternal and child health, preschool health screening, family planning, 31 public health nursing, premature and newborn program, immunizations, 32 nutrition, dental care prevention and migrant health. 33 Dependency health care services programs that include at least (ii) 34 the functions of need determination, availability of health resources to 35 medically dependent individuals, quality control, utilization control and 36 industry monitoring. 37 (iii) Physically disabled children's services programs. 38 (iv) Programs for the prevention and early detection of an 39 intellectual disability. 40 (d) Program planning, which shall include at least the following: 41 (i) An organizational unit for comprehensive health planning programs. 42 (ii) Program coordination, evaluation and development. 43 (iii) Need determination programs. 44 (iv) Health information programs.

2. Include and administer, within the office of the director, staff
 services, which shall include at a minimum budget preparation, public
 information, appeals, hearings, legislative and federal government liaison,
 grant development and management and departmental and interagency
 coordination.

6 3. Make rules and regulations for the organization and proper and 7 efficient operation of the department.

8 4. Determine when a health care emergency or medical emergency 9 situation exists or occurs within the state that cannot be satisfactorily controlled, corrected or treated by the health care delivery systems and 10 11 facilities available. When such a situation is determined to exist, the 12 director shall immediately report that situation to the legislature and the 13 governor. The report shall include information on the scope of the 14 emergency, recommendations for solution of the emergency and estimates of 15 costs involved.

16 5. Provide a system of unified and coordinated health services and 17 programs between the state and county governmental health units at all levels 18 of government.

Formulate policies, plans and programs to effectuate the missions
 and purposes of the department.

21 7. Make contracts and incur obligations within the general scope of 22 the department's activities and operations subject to the availability of 23 funds.

24 8. Be designated as the single state agency for the purposes of 25 administering and in furtherance of each federally supported state plan.

9. Provide information and advice on request by local, state and federal agencies and by private citizens, business enterprises and community organizations on matters within the scope of the department's duties subject to the departmental rules and regulations on the confidentiality of information.

31 10. Establish and maintain separate financial accounts as required by 32 federal law or regulations.

33 11. Advise with and make recommendations to the governor and the 34 legislature on all matters concerning the department's objectives.

35 12. Take appropriate steps to reduce or contain costs in the field of 36 health services.

13. Encourage and assist in the adoption of practical methods of
 improving systems of comprehensive planning, of program planning, of priority
 setting and of allocating resources.

40 14. Encourage an effective use of available federal resources in this41 state.

15. Research, recommend, advise and assist in the establishment of community or area health facilities, both public and private, and encourage the integration of planning, services and programs for the development of the state's health delivery capability. 1 16. Promote the effective utilization of health manpower and health 2 facilities that provide health care for the citizens of this state.

3 17. Take appropriate steps to provide health care services to the 4 medically dependent citizens of this state.

5 18. Certify training on the nature of sudden infant death syndrome for
6 use by professional firefighters and certified emergency medical technicians
7 as part of their basic and continuing training requirement.

8 19. 18. Certify training on the nature of sudden infant death 9 syndrome, which shall include information on the investigation and handling 10 of cases involving sudden and unexplained infant death for use by law 11 enforcement officers as part of their basic training requirement.

12 20. 19. Adopt protocols on the manner in which an autopsy shall be 13 conducted under section 11–597, subsection D in cases of sudden and 14 unexplained infant death.

15 21. 20. Cooperate with the Arizona-Mexico commission in the governor's 16 office and with researchers at universities in this state to collect data and 17 conduct projects in the United States and Mexico on issues that are within 18 the scope of the department's duties and that relate to quality of life, 19 trade and economic development in this state in a manner that will help the 20 Arizona-Mexico commission to assess and enhance the economic competitiveness 21 of this state and of the Arizona-Mexico region.

22 22. 21. Administer the federal family violence prevention and services
23 act grants, and the department is designated as this state's recipient of
24 federal family violence prevention and services act grants.

25 23. 22. Accept and spend private grants of monies, gifts and devises 26 for the purposes of methamphetamine education. The department shall disburse 27 these monies to local prosecutorial or law enforcement agencies with existing 28 programs, faith based organizations and nonprofit entities that are qualified 29 under section 501(c)(3) of the United States internal revenue code, including 30 nonprofit entities providing services to women with a history of dual 31 diagnosis disorders, and that provide educational programs on the 32 repercussions of methamphetamine use. State general fund monies shall not be 33 spent for the purposes of this paragraph. If the director does not receive 34 sufficient monies from private sources to carry out the purposes of this 35 paragraph, the director shall not provide the educational programs prescribed in this paragraph. Grant monies received pursuant to this paragraph are no 36 37 lapsing and do not revert to the state general fund at the close of the 38 fiscal year.

39 24. 23. Identify successful methamphetamine prevention programs in
 40 other states that may be implemented in this state.

41 25. 24. Pursuant to chapter 13, article 8 of this title, coordinate 42 all public health and risk assessment issues associated with a chemical or 43 other toxic fire event if a request for the event is received from the 44 incident commander, the emergency response commission or the department of 45 public safety and if funding is available. Coordination of public health

1 issues shall include general environmental health consultation and risk 2 assessment services consistent with chapter 13, article 8 of this title and, 3 in consultation with the Arizona poison control system, informing the public as to potential public health risks from the environmental exposure. 4 5 Pursuant to chapter 13, article 8 of this title, the department of health services shall also prepare a report, in consultation with appropriate state, 6 7 federal and local governmental agencies, that evaluates the public health 8 risks from the environmental exposure. The department of health services' 9 report shall include any department of environmental quality report and map of smoke dispersion from the fire, the results of any environmental samples 10 11 taken by the department of environmental quality and the toxicological 12 implications and public health risks of the environmental exposure. The 13 department of health services shall consult with the Arizona poison control 14 system regarding toxicology issues and shall prepare and produce its report 15 for the public as soon as practicable after the event. The department of 16 health services shall not use any monies pursuant to section 49-282, 17 subsection E to implement this paragraph.

18 19 Sec. 3. Section 36-471, Arizona Revised Statutes, is amended to read: 36-471. <u>Persons authorized to collect human specimens or blood</u>

A. Only a person authorized by law shall collect human bodily materials. Technical personnel of a laboratory may collect blood, remove stomach contents and collect material for smears and cultures or inject substances under the direction or upon ON the written request of a licensed physician for examination by a licensed laboratory.

B. Emergency Paramedics, intermediate ADVANCED emergency medical technicians or personnel who have written approval of the director may collect blood and collect material for smears and cultures under the direction or upon ON the written request of a licensed physician.

29 30 Sec. 4. Section 36-2201, Arizona Revised Statutes, is amended to read: 36-2201. <u>Definitions</u>

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In this chapter, unless the context otherwise requires:

1. "Administrative medical direction" means supervision of certified emergency medical CARE technicians by a base hospital medical director, administrative medical director or basic life support medical director. For the purposes of this paragraph, "administrative medical director" means a physician who is licensed pursuant to title 32, chapter 13 or 17 and who provides direction within the emergency medical services AND TRAUMA system.

38 20. 2. "Intermediate ADVANCED emergency medical technician" means a 39 person who has been trained in an intermediate ADVANCED emergency medical 40 technician program certified by the director or in an equivalent training 41 program and who is certified by the director to render services pursuant to 42 section 36-2205.

433. "ADVANCED LIFE SUPPORT" MEANS THE LEVEL OF ASSESSMENT AND CARE44IDENTIFIED IN THE SCOPE OF PRACTICE APPROVED BY THE DIRECTOR FOR THE ADVANCED

1 EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL TECHNICIAN I-99 AND 2 PARAMEDIC.

2. 4. "Advanced life support base hospital" means a health care institution that offers general medical and surgical services, that is certified by the director as an advanced life support base hospital and that is affiliated by written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district or health services district for medical direction, evaluation and control of emergency medical CARE technicians.

10 3. 5. "Ambulance" means any publicly or privately owned surface, water or air vehicle, including a helicopter, that contains a stretcher and 11 12 necessary medical equipment and supplies pursuant to section 36-2202 and that is especially designed and constructed or modified and equipped to be used, 13 14 maintained or operated primarily for the transportation of individuals who 15 are sick, injured or wounded or who require medical monitoring or aid. 16 Ambulance does not include a surface vehicle that is owned and operated by a 17 private sole proprietor, partnership, private corporation or municipal 18 corporation for the emergency transportation and in-transit care of its 19 employees or a vehicle that is operated to accommodate an incapacitated or 20 disabled person who does not require medical monitoring, care or treatment 21 during transport and that is not advertised as having medical equipment and 22 supplies or ambulance attendants.

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4. 6. "Ambulance attendant" means any of the following:

(a) A certified AN emergency medical technician, AN ADVANCED EMERGENCY
 MEDICAL TECHNICIAN, AN EMERGENCY MEDICAL TECHNICIAN I-99 OR A PARAMEDIC
 whose primary responsibility is the care of patients in an ambulance and who
 meets the standards and criteria adopted pursuant to section 36-2204.

(b) A first AN EMERGENCY MEDICAL responder who is employed by an
 ambulance service operating under the provisions of section 36-2202, AND
 whose primary responsibility is the driving of an ambulance.

31 (c) A physician who is licensed pursuant to title 32, chapter 13 32 or 17.

(d) A professional nurse who is licensed pursuant to title 32, chapter
15 and who meets the state board of nursing criteria to care for patients in
the prehospital care system.

36 (e) A professional nurse who is licensed pursuant to title 32, chapter
 37 15 and whose primary responsibility is the care of patients in an ambulance
 38 during an interfacility transport.

39 5. 7. "Ambulance service" means a person who owns and operates one or 40 more ambulances.

41 8. "BASIC LIFE SUPPORT" MEANS THE LEVEL OF ASSESSMENT AND CARE 42 IDENTIFIED IN THE SCOPE OF PRACTICE APPROVED BY THE DIRECTOR FOR THE 43 EMERGENCY MEDICAL RESPONDER AND EMERGENCY MEDICAL TECHNICIAN.

44 9. "BUREAU" MEANS THE BUREAU OF EMERGENCY MEDICAL SERVICES AND TRAUMA45 SYSTEM IN THE DEPARTMENT.

1 7. 10. "Centralized medical direction communications center" means a facility that is housed within a hospital, medical center or trauma center or a freestanding communication center that meets the following criteria:

4 (a) Has the ability to communicate with ambulance services and 5 emergency medical services providers rendering patient care outside of the 6 hospital setting via radio and telephone.

7 (b) Is staffed twenty-four hours a day seven days a week by at least a 8 physician licensed pursuant to title 32, chapter 13 or 17.

9 8. 11. "Certificate of necessity" means a certificate that is issued
10 to an ambulance service by the department and that describes the following:
11 (a) Service area.

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- (b) Level of service.
- (c) Type of service.
- 14 (d) Hours of operation.
- 15 (e) Effective date.
- 16 (f) Expiration date.

(g) Legal name and address of the ambulance service.

- (h) Any limiting or special provisions the director prescribes.
- 10. 12. "Council" means the emergency medical services council.
  - 11. 13. "Department" means the department of health services.
- 21 12. 14. "Director" means the director of the department of health 22 services.

23 13. "Division" means the division of emergency medical services within
 24 the department.

9. 15. "Certified Emergency medical CARE technician" means an
 individual who has been certified by the department as a basic AN emergency
 medical technician, an intermediate emergency ADVANCED EMERGENCY medical
 technician, AN EMERGENCY MEDICAL TECHNICIAN I-99 or an emergency A paramedic.

29 18. 16. "First EMERGENCY MEDICAL responder" as an ambulance attendant 30 means a person who has been trained under the supervision of a qualified 31 first responder instructor, who provides patient care and treatment in 32 accordance with the United States department of transportation first 33 responder curriculum and who meets all of the following requirements: IN AN EMERGENCY MEDICAL RESPONDER PROGRAM CERTIFIED BY THE DIRECTOR OR IN AN 34 35 EQUIVALENT TRAINING PROGRAM AND WHO IS CERTIFIED BY THE DIRECTOR TO RENDER 36 SERVICES PURSUANT TO SECTION 26-2205.

37 (a) Has successfully completed the United States department of
 38 transportation first responder national standard curriculum course.

39 (b) Has successfully completed the national registry first responder 40 examination and has submitted proof of this fact to the person's current 41 employer.

42 (c) Successfully completes the United States department of
 43 transportation first responder refresher national standard curriculum at
 44 least once every two years.

1 14. 17. "Emergency medical services" means those services required 2 following an accident or an emergency medical situation:

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(a) For on-site emergency medical care.

4 (b) For the transportation of the sick or injured by a licensed ground 5 or air ambulance.

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(c) In the use of emergency communications media.(d) In the use of emergency receiving facilities.

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8 (e) In administering initial care and preliminary treatment procedures 9 by <del>certified</del> emergency medical CARE technicians.

10 15. 18. "Emergency medical services provider" means any governmental 11 entity, quasi-governmental entity or corporation whether public or private 12 that renders emergency medical services in this state.

13 6. 19. "Basic Emergency medical technician" means a person who has 14 been trained in specific emergency care in a basic AN emergency medical 15 technician program certified by the director or in an equivalent training 16 program and who is certified by the director as qualified to render services 17 pursuant to section 36-2205.

18 17. 20. "Emergency receiving facility" means a licensed health care 19 institution that offers emergency medical services, is staffed twenty-four 20 hours a day and has a physician on call.

21 19. 21. "Fit and proper" means that the director determines that an 22 applicant for a certificate of necessity or a certificate holder has the 23 expertise, integrity, fiscal competence and resources to provide ambulance 24 service in the service area.

25 21. 22. "Medical record" means any patient record, including clinical 26 records, prehospital care records, medical reports, laboratory reports and 27 statements, any file, film, record or report or oral statements relating to 28 diagnostic findings, treatment or outcome of patients, whether written, 29 ELECTRONIC or recorded, and any information from which a patient or the 30 patient's family might be identified.

31 23. "NATIONAL CERTIFICATION ORGANIZATION" MEANS A NATIONAL ORGANIZATION
 32 THAT TESTS AND CERTIFIES THE ABILITY OF AN EMERGENCY MEDICAL CARE TECHNICIAN
 33 AND WHOSE TESTS ARE BASED ON NATIONAL EDUCATION STANDARDS.

34 24. "NATIONAL EDUCATION STANDARDS" MEANS THE EMERGENCY MEDICAL SERVICES
 35 EDUCATION STANDARDS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION OR
 36 OTHER SIMILAR EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS DEVELOPED BY
 37 THAT DEPARTMENT OR ITS SUCCESSOR AGENCY.

38 16. 25. "Emergency Paramedic" or "Paramedic" means a person who has 39 been trained in an emergency A paramedic training program certified by the 40 director or in an equivalent training program and who is certified by the 41 director to render services pursuant to section 36-2205.

42 22. 26. "Physician" means any person licensed under the provisions of
43 PURSUANT TO title 32, chapter 13 or 17.

23. "Qualified first responder instructor" means a person tested and
 certified as a first responder instructor by the American red cross or the
 national safety council or an equivalent organization.

4 24. 27. "Stretcher van" means a vehicle that contains a stretcher and 5 that is operated to accommodate an incapacitated or disabled person who does 6 not require medical monitoring, aid, care or treatment during transport.

7 25. 28. "Suboperation station" means a physical facility or location 8 at which an ambulance service conducts operations for the dispatch of 9 ambulances and personnel and that may be staffed twenty-four hours a day or 10 less as determined by system use.

11 26. 29. "Trauma center" means any acute care hospital that provides 12 in-house twenty-four hour daily dedicated trauma surgical services THAT IS 13 DESIGNATED PURSUANT TO SECTION 36-2225.

14 27. 30. "Trauma registry" means data collected by the department on 15 trauma patients and on the incidence, causes, severity, outcomes and 16 operation of a trauma system and its components.

17 28. 31. "Trauma system" means an integrated and organized arrangement
18 of health care resources having the specific capability to perform triage,
19 transport and provide care.

20 "VALIDATED TESTING PROCEDURE" MEANS A TESTING PROCEDURE THAT IS 32. 21 INCLUSIVE OF PRACTICAL SKILLS, OR AN ATTESTATION OF PRACTICAL SKILLS PROFICIENCY ON A FORM DEVELOPED BY THE DEPARTMENT BY THE EDUCATIONAL TRAINING 22 23 PROGRAM, IDENTIFIED PURSUANT TO SECTION 36-2204, PARAGRAPH 2, THAT IS 24 CERTIFIED AS VALID BY AN ORGANIZATION CAPABLE OF DETERMINING TESTING 25 PROCEDURE AND TESTING CONTENT VALIDITY AND THAT IS RECOMMENDED BY THE MEDICAL 26 DIRECTION COMMISSION AND THE EMERGENCY MEDICAL SERVICES COUNCIL BEFORE THE 27 DIRECTOR'S APPROVAL.

28 29. 33. "Wheelchair van" means a vehicle that contains or that is 29 designed and constructed or modified to contain a wheelchair and that is 30 operated to accommodate an incapacitated or disabled person who does not 31 require medical monitoring, aid, care or treatment during transport.

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Sec. 5. Section 36-2202, Arizona Revised Statutes, is amended to read: 36-2202. Duties of the director; qualifications of medical

director A. The director shall:

Appoint a medical director of THE emergency medical services AND
 TRAUMA SYSTEM.

38 2. Adopt standards and criteria for the denial or granting of 39 certification and recertification of emergency medical CARE technicians and 40 deny certification of, certify and recertify emergency medical technicians. 41 These standards shall allow the department to certify qualified basic 42 emergency medical CARE technicians and paramedics, without requiring 43 completion of WHO HAVE COMPLETED statewide standardized training required 44 under section 36-2204, paragraph 1 or passage of AND a standardized 45 certification test required under section 36-2204, paragraph 2, if the person

1 holds OR WHO HOLD valid registration CERTIFICATION with the A national 2 registry of emergency medical technicians, at the corresponding emergency 3 medical technician level CERTIFICATION ORGANIZATION. A basic emergency 4 medical technician or paramedic who is certified because the technician or 5 paramedic holds a valid registration with the national registry of emergency 6 medical technicians must complete the statewide standardized training 7 required under section 36 2204, paragraph 1 or pass the standardized 8 certification test required under section 36-2204, paragraph 2, within six 9 months after the technician or paramedic is certified pursuant to this paragraph. BEFORE THE DIRECTOR MAY CONSIDER APPROVING A STATEWIDE 10 11 STANDARDIZED TRAINING OR A STANDARDIZED CERTIFICATION TEST. OR BOTH. EACH OF 12 THESE MUST FIRST BE RECOMMENDED BY THE MEDICAL DIRECTION COMMISSION AND THE 13 EMERGENCY MEDICAL SERVICES COUNCIL TO ENSURE THAT THE STANDARDIZED TRAINING 14 CONTENT IS CONSISTENT WITH NATIONAL EDUCATION STANDARDS AND THAT THE 15 STANDARDIZED CERTIFICATION TESTS EXAMINES COMPARABLE MATERIAL TO THAT EXAMINED IN THE TESTS OF A NATIONAL CERTIFICATION ORGANIZATION. 16

17 3. Adopt standards and criteria which THAT pertain to the quality of 18 emergency care pursuant to section 36-2204.

Adopt rules necessary to carry out the provisions of this chapter.
 Each rule shall identify all sections and subsections of this chapter under
 which the rule was formulated.

5. Adopt reasonable medical equipment, supply, staffing and safety
 standards, criteria and procedures for issuance of a certificate of
 registration to operate an ambulance.

25 6. Maintain a state system for recertifying emergency medical CARE 26 technicians, except as otherwise caused PROVIDED by section 36-2202.01, that 27 is independent from any national registry of emergency medical technicians 28 CERTIFICATION ORGANIZATION recertification process. This system shall allow 29 emergency medical CARE technicians to choose to be recertified under the 30 state or the national registry of emergency medical technicians CERTIFICATION 31 ORGANIZATION recertification system subject to subsection G- H of this 32 section.

B. EMERGENCY MEDICAL TECHNICIANS WHO CHOOSE THE STATE RECERTIFICATION
 PROCESS SHALL RECERTIFY IN ONE OF THE FOLLOWING WAYS:

SUCCESSFULLY COMPLETING AN EMERGENCY MEDICAL TECHNICIAN REFRESHER
 COURSE APPROVED BY THE DEPARTMENT.

37 2. SUCCESSFULLY COMPLETING AN EMERGENCY MEDICAL TECHNICIAN CHALLENGE38 COURSE APPROVED BY THE DEPARTMENT.

39 3. FOR EMERGENCY MEDICAL CARE TECHNICIANS WHO ARE CURRENTLY CERTIFIED 40 AT THE EMERGENCY MEDICAL TECHNICIAN LEVEL BY THE DEPARTMENT, ATTESTING ON A 41 FORM PROVIDED BY THE DEPARTMENT THAT THE APPLICANT HOLDS A VALID AND CURRENT 42 CARDIOPULMONARY RESUSCITATION CERTIFICATION, HAS AND WILL MAINTAIN DOCUMENTED 43 PROOF OF A MINIMUM OF TWENTY-FOUR HOURS OF CONTINUING MEDICAL EDUCATION 44 WITHIN THE LAST TWO YEARS CONSISTENT WITH DEPARTMENT RULES AND HAS FUNCTIONED 20

IN THE CAPACITY OF AN EMERGENCY MEDICAL TECHNICIAN FOR AT LEAST TWO HUNDRED
 FORTY HOURS DURING THE LAST TWO YEARS.

B. C. After consultation with the emergency medical services council the director may authorize pilot programs designed to improve the safety and efficiency of ambulance inspections for governmental or quasi-governmental entities that provide emergency medical services in this state.

7 C. D. The rules, standards and criteria adopted by the director 8 pursuant to subsection A, paragraphs 2, 3, 4 and 5 of this section shall be 9 adopted in accordance with title 41, chapter 6, except that the director may 10 adopt on an emergency basis pursuant to section 41-1026 rules relating to the 11 regulation of ambulance services in this state necessary to protect the 12 public peace, health and safety in advance of adopting rules, standards and 13 criteria as otherwise provided by this subsection.

D. E. The director may waive the requirement for compliance with a protocol adopted pursuant to section 36-2205 if the director determines that the techniques, drug formularies or training make MAKES the protocol inconsistent with contemporary medical practices.

18 E. F. The director may suspend a protocol adopted pursuant to 19 section 36-2205 if the director does all of the following:

1. Determines that the rule is not in the public's best interest.

21 2. Initiates procedures pursuant to title 41, chapter 6 to repeal the 22 rule.

3. Notifies all interested parties in writing of the director's action
and the reasons for that action. Parties interested in receiving
notification shall submit a written request to the director.

6. To be eligible for appointment as THE MEDICAL director of THE emergency medical services AND TRAUMA SYSTEM, the person shall be qualified in emergency medicine and shall be licensed as a physician in one of the states of the United States.

30 G. H. Applicants for certification shall apply to the director for 31 certification. Emergency medical CARE technicians shall apply for 32 recertification to the director every two years. The director may extend the 33 expiration date of an emergency medical CARE technician's certificate for 34 thirty days. The department shall establish a fee for this extension by 35 rule. Certified Emergency medical CARE technicians shall pass an examination administered by the department as a condition for recertification only if 36 37 required to do so by the advanced life support base hospital's medical 38 director or the certified emergency medical CARE technician's medical 39 director.

H. I. The medical director of THE emergency medical services AND
TRAUMA SYSTEM is exempt from the provisions of title 41, chapter 4, articles
5 and 6 and is entitled to receive compensation pursuant to section 38-611,
subsection A.

44 I. J. The standards, criteria and procedures adopted by the director 45 pursuant to subsection A, paragraph 5 of this section shall require that

1 ambulance services serving a rural or wilderness certificate of necessity 2 area with a population of less than ten thousand persons according to the 3 most recent United States decennial census have at least one ambulance attendant as defined in section 36-2201, paragraph 4-6, subdivision (a) and 4 one ambulance attendant as defined in section 36-2201, paragraph 4-6, 5 subdivision (b) staffing an ambulance while transporting a patient and that 6 7 ambulance services serving a population of ten thousand persons or more 8 according to the most recent United States decennial census shall have at 9 least one ambulance attendant as defined in section 36-2201, paragraph 4-6, 10 subdivision (a) and one ambulance attendant as defined in section 36-2201, 11 paragraph 4-6, subdivision (a), (c), (d) or (e) staffing an ambulance while 12 transporting a patient.

13 J. K. If the department determines there is not a qualified 14 administrative medical director, the department shall ensure the provision of 15 administrative medical direction for a certified basic AN emergency medical 16 technician if the certified basic emergency medical technician meets all of 17 the following criteria:

Is employed by a not-for-profit NONPROFIT or governmental provider
 employing less than twelve full-time basic emergency medical technician
 employees TECHNICIANS.

21 2. Stipulates to the inability to secure a physician who is willing to 22 provide administrative medical direction.

3. Stipulates that the provider agency does not provide administrative
 medical direction for its employees.

25 Sec. 6. Section 36-2202.01, Arizona Revised Statutes, is amended to 26 read:

36-2202.01. Test administration

The test for certification or recertification, pursuant to section 36-2202, may be administered by the department or one of the following approved by the director:

Representatives appointed by the director in consultation with the
 medical director of THE emergency medical services AND TRAUMA SYSTEM.

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2. A testing facility.

34 3. An emergency medical services provider or ambulance service 35 provider that has a training or education program. Emergency medical service providers or ambulance service providers may enter into contracts or 36 37 intergovernmental agreements with other public entities for the purposes of 38 emergency medical CARE technician testing and recertification testing. The 39 training or education program must be staffed by at least three full-time 40 persons who provide education and training to emergency services personnel. 41 Two of these persons must be certified at a minimum of emergency medical CARE 42 technician or higher and at least one person must be a certified emergency 43 paramedic or A registered nurse licensed pursuant to title 32, chapter 15. 44 The medical director of an emergency medical training or education program 45 must be a physician licensed pursuant to title 32, chapter 13 or 17.

1 Sec. 7. Section 36-2203, Arizona Revised Statutes, is amended to read: 2 36-2203. Emergency medical services council; membership; 3 delayed repeal A. The emergency medical services council is established. The medical 4 5 director of THE emergency medical services AND TRAUMA SYSTEM shall chair the council. The council is composed of the director of the department of public 6 7 safety and the governor's highway safety coordinator, or their designees, and 8 the following members appointed by the governor to three year terms: 9 1. One representative from each of the four local emergency medical 10 services coordinating systems as defined PRESCRIBED in section 36-2210. 11 2. One physician specializing in emergency medicine from each of the 12 four local emergency medical services coordinating regions as prescribed in 13 section 36-2210. 14 3. One professional nurse who is licensed pursuant to title 32, 15 chapter 15 and who specializes in emergency medicine. 16 4. One emergency medical CARE technician. 17 5. Two representatives from ambulance service corporations. 18 6. Two hospital administrators, one of whom represents a county with a 19 population of less than five hundred thousand persons. 20 7. One representative from each of the three employers of the largest 21 number of emergency medical CARE technicians and paramedics. 22 8. One representative from a nongovernmental employer of intermediate 23 emergency medical technicians I-99. 24 9. One representative from the state fire districts. 25 10. One physician who is licensed pursuant to title 32, chapter 13 or 26 17 and who specializes in trauma surgery. 27 11. One representative of a prehospital emergency medical training 28 program. 29 12. Six public members. 30 One representative of a volunteer medical rescue program. 13. 31 Public members of the council are eligible to receive compensation Β. 32 pursuant to section 38-611. 33 C. This section is repealed from and after January 1, 2020. 34 Sec. 8. Section 36-2203.01, Arizona Revised Statutes, is amended to 35 read: 36-2203.01. Medical direction commission; membership; duties 36 37 A. The medical direction commission is established consisting of the following twelve members: 38 39 1. The medical director of THE emergency medical services AND TRAUMA 40 SYSTEM in the department of health services who shall serve as chairman. 41 2. The four emergency physicians who serve on the emergency medical 42 services council pursuant to section 36-2203, subsection A, paragraph 2. 43 One physician who specializes in toxicology and who has a 3.

1 4. One full-time faculty representative of an emergency medicine 2 residency program approved by a residency review commission. 3 5. One physician who specializes in trauma surgery and who has a 4 demonstrated interest or expertise in emergency medical services systems. 5 6. One emergency physician who has a full-time practice based in a 6 rural area. 7 7. One physician who specializes in severe acute head injury treatment or spinal cord care and who has a demonstrated interest or expertise in 8 9 emergency medical services systems. 8. One physician specializing WHO SPECIALIZES in pediatric medicine 10 11 AND who has a demonstrated interest or expertise in emergency medical 12 services systems. 13 9. One physician who specializes in cardiac care and who has a 14 demonstrated interest or expertise in emergency medical services systems. 15 B. The governor shall make all appointments of members designated pursuant to subsection A, paragraphs 3 through 9 of this section. The 16 17 governor may accept recommendations for the appointment of commission members 18 from the following organizations: 1. The Arizona chapter of the American college of emergency 19 20 physicians. 21 2. The Arizona chapter of the American college of surgeons. 22 3. The Arizona chapter of the American college of pediatrics. 23 4. The Arizona chapter of the American college of physicians. 24 C. The commission shall assist the director in developing medical 25 protocols governing the medical treatments, procedures, medications, training and techniques that may be administered or performed by each <del>class</del> 26 27 CLASSIFICATION of emergency medical CARE technicians pursuant to section 28 36-2205. 29 D. Members of the commission serve three year terms. 30 E. Members of the commission are not entitled to compensation but are 31 entitled to reimbursement of expenses pursuant to title 38, chapter 4, 32 article 2. 33 Sec. 9. Section 36-2204, Arizona Revised Statutes, is amended to read: 34 36-2204. Medical control 35 The medical director of THE emergency medical services and TRAUMA SYSTEM, the emergency medical services council AND THE MEDICAL DIRECTION 36 37 COMMISSION shall recommend to the director the following standards and 38 criteria that pertain to the quality of emergency patient care: 39 1. Statewide standardized training, certification and recertification 40 standards for all classifications of emergency medical CARE technicians. 41 2. A standardized and validated testing procedure for a]] 42 classifications of emergency medical CARE technicians. 43 3. Medical standards for certification and recertification of training 44 programs for all classifications of emergency medical CARE technicians.

1 4. Standardized continuing education criteria for all classifications 2 of emergency medical CARE technicians.

3 5. Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base 4 5 hospitals and approval of physicians providing medical control or medical direction for any **level** CLASSIFICATION of emergency medical CARE technicians 6 7 who are required to be under medical control or medical direction.

6. Standards and mechanisms for monitoring and ongoing evaluation of 8 9 performance levels of all classifications of emergency medical CARE technicians, emergency receiving facilities and advanced life support base 10 11 hospitals and approval of physicians providing medical control or medical 12 direction for any **level** CLASSIFICATION of emergency medical CARE technicians 13 who are required to be under medical control or medical direction.

14 7. Objective criteria and mechanisms for decertification of all 15 classifications of emergency medical CARE technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of 16 17 physicians providing medical control or medical direction for any level 18 CLASSIFICATION of emergency CARE technicians who are required to be under medical control or medical direction. 19

20 8. Medical standards for nonphysician pre-hospital PREHOSPITAL 21 treatment and pre-hospital PREHOSPITAL triage of patients requiring emergency 22 medical services.

23 9. Standards for emergency medical dispatcher training, including 24 prearrival instructions. For the purposes of this paragraph, "emergency 25 medical dispatch" means the receipt of calls requesting emergency medical 26 services and the response of appropriate resources to the appropriate 27 location.

28 10. Standards for a quality assurance process for components of the 29 emergency medical services system, including standards for maintaining the 30 confidentiality of the information considered in the course of quality 31 assurance and the records of the activities of quality assurance process 32 pursuant to section 36-2401.

33 Standards for ambulance service and medical transportation that 11. give consideration to the differences between urban, rural and wilderness 34 35 areas.

12. Standards to allow an ambulance to transport a patient to a health 36 37 care institution that is licensed as a special hospital and that is 38 physically connected to an emergency receiving facility.

39 Sec. 10. Section 36-2204.01, Arizona Revised Statutes, is amended to 40 read:

- 41
- 42

36-2204.01. Emergency medical services providers; centralized medical direction communications center

43 An ambulance service or emergency medical services provider may provide 44 centralized medical direction through a centralized medical direction 45 communications center as defined in section 36-2201, paragraph 7.

1 Sec. 11. Section 36-2204.02, Arizona Revised Statutes, is amended to 2 read: 3 36-2204.02. Emergency medical services providers: 4 <u>investigations</u> 5 Α. In lieu of the requirements of section 36-2211, the director may authorize an ambulance service or emergency medical services provider to 6 7 investigate, discipline or determine the fitness of an employee to continue to provide patient care. This authority does not apply to the conviction of, 8 9 a plea of guilty or no contest to or admission in a court proceeding to the 10 The employer listed on the emergency medical CARE elements of a felony. 11 technician's or ambulance attendant's certification or recertification application may limit the practice of the emergency medical CARE technician 12 13 or ambulance attendant during the investigation if the employer meets all of 14 the following requirements: 15 1. Has separate investigative or supervisory staff to conduct an investigation. 16 17 2. Has an employee assistance program for counseling. 18 3. Has policies and procedures for drug testing through urinalysis or 19 other generally accepted methods. 20 4. Has policies and procedures for monitoring of personnel who are 21 suspected of or who have been convicted of substance abuse. 22 B. An ambulance service or emergency medical services provider that 23 conducts its own disciplinary investigations pursuant to subsection A of this 24 section shall report the following to the medical director of THE emergency 25 medical services AND TRAUMA SYSTEM: 26 1. The nature of the allegation. 27 2. The level of patient care being delivered by the employee and the 28 supervision of the employee during the investigation or rehabilitative 29 period, or both. 30 3. The final outcome of the investigation and the final recommendation 31 on the employee's certification status. 32 C. The decisions of the employer are appealable under the employers 33 EMPLOYER'S personnel policies and procedures. EXCEPT AS PROVIDED IN SECTION 34 41-1092.08, SUBSECTION H, the FINAL ADMINISTRATIVE decisions of the director 35 are subject to further judicial review pursuant to title 41, chapter 6, 36 article 10 TITLE 12, CHAPTER 7, ARTICLE 6. 37 Sec. 12. Section 36-2205, Arizona Revised Statutes, is amended to 38 read: 39 36-2205. Permitted treatment and medication; certification 40 requirement; protocols 41 The director, in consultation with the medical director of THE Α. 42 emergency medical services AND TRAUMA SYSTEM, the emergency medical services 43 council and the medical direction commission, shall establish protocols, 44 which may include training criteria, governing the medical treatments, 45 procedures, medications and techniques which THAT may be administered or

performed by each class CLASSIFICATION of emergency medical CARE technician. These protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that intermediate emergency medical CARE technicians, emergency paramedics and basic emergency medical technicians certified AUTHORIZED to perform advanced LIFE SUPPORT procedures render these treatments, procedures, medications or techniques only under the direction of a physician.

8 B. Certified emergency medical technicians, as defined in section
9 36-2201, shall complete training certified by the director on the nature of
10 sudden infant death syndrome in order to be certified by the director under
11 this section.

12 C. B. The protocols adopted by the director pursuant to this section 13 are exempt from title 41, chapter 6.

14 D. C. Notwithstanding subsection C B of this section, a person may 15 petition the director, pursuant to section 41-1033, to amend a protocol 16 adopted by the director.

17  $E_{\cdot}$  D. In consultation with the medical director of THE emergency 18 medical services AND TRAUMA SYSTEM, the emergency medical services council 19 and the medical direction commission, the director <del>of the department of</del> 20 health services shall establish protocols for emergency medical providers to 21 refer and advise a patient or transport a patient by the most appropriate 22 means to the most appropriate provider of medical services based on the 23 patient's condition. The protocols shall consider the differences in 24 treatments and procedures for regional, urban, rural and wilderness areas and 25 shall require that intermediate emergency medical CARE technicians, emergency 26 paramedics and basic emergency medical technicians certified AUTHORIZED to 27 perform advanced LIFE SUPPORT procedures render these treatments, procedures, 28 medications or techniques only under the direction of a physician.

E. The protocols established pursuant to subsection E D of this section shall include triage and treatment protocols that allow all classes CLASSIFICATIONS of emergency medical CARE technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to:

34 1. refer and advise a patient or transport a patient to the most 35 appropriate health care institution, as defined in section 36-401, based on 36 the patient's condition, taking into consideration factors including patient 37 choice, the patient's health care provider, specialized health care 38 facilities and local protocols.

39

2. Provide a list of alternative sites available to deliver care.

40 Sec. 13. Section 36-2206, Arizona Revised Statutes, is amended to 41 read:

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36-2206. <u>Immunity; emergency instructions</u>

A. Any health care provider licensed or certified to practice in this
 state who in good faith gives emergency instructions to certified emergency

1 medical CARE technicians at the scene of an emergency shall IS not be liable 2 for any civil damages as a result of issuing such THOSE instructions.

B. Any emergency medical services or health care provider who in good faith provides prearrival instructions following the minimum standards established by the state pursuant to section 36-2204, paragraph 9 is not liable for any civil damages as a result of issuing these instructions.

7 Sec. 14. Section 36-2208, Arizona Revised Statutes, is amended to 8 read:

9

36-2208. <u>Bureau of emergency medical services and trauma system</u>

10 A. There is established within the department a division BUREAU of 11 emergency medical services which AND TRAUMA SYSTEM THAT is responsible for 12 coordinating, establishing and administering a statewide system of emergency 13 medical services, trauma care and a trauma registry.

14 B. This chapter shall DOES not be construed to prevent any individual, 15 law enforcement officer, public agency or member of a city, town, fire district or volunteer fire department from rendering on-site emergency 16 17 medical care or, if, in terms of the existing medical situation, it is deemed not advisable to await the arrival of an ambulance, from transporting 18 19 emergency medical patients to a hospital or an emergency receiving facility, 20 except that if any patient objects on religious grounds, such THAT patient 21 shall not be administered any medical treatment or be transported to a 22 hospital or an emergency receiving facility.

C. The director shall develop an annual statewide emergency medical and trauma services plan and submit such THAT plan to the council for review and approval. The statewide plan shall then be submitted to the governor for final adoption. Prior to the submission of BEFORE SUBMITTING the plan to the governor, the director shall accept comments from the authorized local agencies as defined in section 36-401 and governmental entities.

D. A local emergency medical services coordinating system shall develop a regional emergency medical services plan that shall include INCLUDES a needs assessment and submit the plan to the director and to the authorized local agencies within the area. The regional plans shall be integrated into the statewide plan by the department.

E. The state plan shall contain a budget component for funding local and state emergency medical services systems from the emergency medical services operating fund established pursuant to section 36-2218 based on the needs assessment of the local emergency medical services coordinating system plans. The components shall be included in the department's budget through the normal appropriation process.

40 Sec. 15. Section 36-2209, Arizona Revised Statutes, is amended to 41 read:

42

36-2209. Powers and duties of the director

43 A. The director shall:

Appoint, AND define the duties and prescribe the terms and
 conditions of employment of all employees of the division BUREAU.

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1 2. Adopt rules necessary for the operation of the division BUREAU and 2 for carrying out the purposes of this chapter.

3 3. Cooperate with and assist the personnel of emergency receiving 4 facilities and other health care institutions in preparing a plan to be 5 followed by <del>such</del> THESE facilities and institutions in the event of a major 6 disaster.

7 4. Cooperate with the state director of emergency management when a 8 state of emergency or a state of war emergency has been declared by the 9 governor.

B. The director may:

11 1. Request the cooperation of utilities, communications media and 12 public and private agencies to aid and assist in the implementation and 13 maintenance of a statewide emergency medical services system.

Enter into contracts and agreements with any local governmental
 entity, agency, facility or group which THAT provides a similar program of
 emergency medical services in a contiguous state.

17 3. Enter into contracts and agreements for the acquisition and
 18 purchase of any equipment, tools, supplies, materials and services necessary
 19 in the administration of this chapter.

4. Enter into contracts with emergency receiving facilities, governmental entities, emergency rescue services and ambulance services, and the director may establish emergency medical services, including emergency receiving facilities, if necessary to assure the availability and quality of <del>such</del> THESE services.

5. Accept and expend federal funds and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These funds do not revert to the state general fund at the close of a fiscal year.

Establish an emergency medical services notification system which
 utilizes THAT USES existing telephone communications networks.

31 7. Contract with private telephone companies for the establishment of
 32 a statewide emergency reporting telephone number.

8. Authorize the testing entity to collect fees determined by the
director. In determining fees for testing entities the director shall
consider the fees required by the national registry of emergency medical
technicians CERTIFICATION ORGANIZATIONS.

37 Sec. 16. Section 36-2210, Arizona Revised Statutes, is amended to 38 read:

36-2210. Local emergency medical services coordinating systems

40 The department shall contract with a local emergency medical services 41 coordinating system which THAT:

Conducts needs assessments and plans and coordinates a regional
 emergency medical and trauma services system within a designated planning
 area.

2. Has a governing board.

3. Demonstrates continued support annually by action of the governing bodies of the counties, cities, towns and fire districts within the planning area representing a majority of the total population of the area. For the purposes of this paragraph, the county represents the unincorporated areas of the county, except fire districts.

6 4. Offers emergency medical programs for the effective and coordinated 7 delivery of emergency <del>health care</del> MEDICAL services if authorized by its 8 governing board.

9 Sec. 17. Section 36-2211, Arizona Revised Statutes, is amended to 10 read:

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36-2211. <u>Grounds for censure, probation, suspension or</u> <u>revocation of emergency medical technician</u> <u>certificate; proceedings; civil penalty; judicial</u> review

A. The medical director of THE emergency medical services AND TRAUMA SYSTEM, on behalf of the director, may censure or place on probation an emergency medical CARE technician or suspend or revoke the certificate CERTIFICATION issued to any emergency medical CARE technician pursuant to this article for any of the following causes:

20

1. Unprofessional conduct.

2. Conviction of, a plea of guilty or no contest to or admission in a 22 court proceeding to the elements of a felony or of a misdemeanor involving 23 moral turpitude during the time that a person is certified as an emergency 24 medical CARE technician. The record of conviction or a copy of such THE 25 record certified by the clerk of the court or by the judge by whom the person 26 was sentenced is conclusive evidence of such conviction.

27 3. Physical or mental incompetence to provide emergency medical
 28 services as an emergency medical CARE technician.

4. Gross incompetence or gross negligence in the provision of
 emergency medical services as an emergency medical CARE technician.

5. Wilful fraud or misrepresentation in the provision of emergency
 medical services as an emergency medical CARE technician or in the admission
 to such THAT practice.

6. Use of any narcotic or dangerous drug or intoxicating beverage to an extent that the use impairs the ability to safely conduct the provision of emergency medical services as an emergency medical CARE technician.

37 7. The wilful violation of this chapter or the rules adopted pursuant38 to this chapter.

B. The medical director of THE emergency medical services AND TRAUMA SYSTEM on the medical director's own motion may investigate any evidence which THAT appears to show the existence of any of the causes set forth in subsection A of this section. The medical director of emergency medical services shall investigate the report under oath of any person which THAT appears to show the existence of any of the causes set forth in subsection A of this section. Any person reporting pursuant to this section who provides 1 the information in good faith is not subject to liability for civil damages 2 as a result.

3 C. If, in the opinion of the medical director of THE emergency medical 4 services AND TRAUMA SYSTEM, it appears the information is or may be true, the 5 medical director of emergency medical services shall request an informal interview with the emergency medical CARE technician. The interview shall be 6 7 requested by the medical director of emergency medical services in writing, 8 stating the reasons for the interview and setting a date not less than ten 9 days from the date of the notice for conducting the interview. The written request for an interview shall also state that if the medical director finds 10 11 that cause exists for censure or probation or the suspension or revocation of 12 the certificate the medical director may impose a civil penalty of not more 13 than three hundred fifty dollars for each occurrence of cause as provided in 14 subsection A of this section. The request for an interview shall also state 15 that each day a cause for discipline exists constitutes a separate offense.

D. Following the investigation, including an informal interview if requested, and together with such ANY mental, physical or professional competence examination as the medical director of THE emergency medical services AND TRAUMA SYSTEM deems necessary, the medical director of emergency medical services may proceed in the following manner:

1. If the medical director of emergency medical services finds that the evidence obtained pursuant to subsections B and C of this section does not warrant censure or probation of the emergency medical CARE technician or suspension or revocation of a certificate, the medical director of emergency medical services shall notify the emergency medical CARE technician and terminate the investigation.

27 2. If the medical director of emergency medical services finds that 28 the evidence obtained pursuant to subsections B and C of this section does 29 not warrant suspension or revocation of a certificate but does warrant 30 censure or probation, the medical director of emergency medical services may 31 do either of the following:

32

(a) Issue a decree of censure.

33 (b) Fix such A period and terms of probation best adapted to protect 34 the public health and safety and rehabilitate and educate the emergency 35 medical CARE technician. Failure to comply with any probation is cause for 36 filing a complaint and holding a formal hearing as provided in paragraph 3 of 37 this subsection.

38 3. If the medical director of emergency medical services finds that 39 the evidence obtained pursuant to subsections B and C of this section 40 warrants suspension or revocation of a certificate issued under this article, 41 or if the emergency medical CARE technician under investigation refuses to 42 attend the informal interview authorized in subsection C of this section, a 43 complaint shall be issued and formal proceedings shall be initiated. A11 44 proceedings pursuant to this paragraph shall be conducted in accordance with 45 PURSUANT TO title 41, chapter 6, article 10.

E. If after a hearing as provided in this section any cause for censure, probation, suspension or revocation is found to exist, the emergency medical CARE technician is subject to censure or probation or suspension or revocation of the certificate or any combination of these for such A period of time or permanently and under such conditions as the medical director of THE emergency medical services AND TRAUMA SYSTEM deems appropriate.

7 F. In addition to other disciplinary action provided pursuant to this 8 section, the medical director of THE emergency medical services AND TRAUMA 9 SYSTEM may impose a civil penalty of not more than three hundred fifty dollars for each occurrence of cause as provided in subsection A of this 10 11 section not to exceed twenty-five hundred dollars. Each day that cause for 12 discipline exists constitutes a separate offense. All monies collected 13 pursuant to this subsection shall be deposited, pursuant to sections 35-146 14 and 35-147, in the state general fund.

G. Except as provided in section 41–1092.08, subsection H, final
 decisions of the medical director of THE emergency medical services AND
 TRAUMA SYSTEM are subject to judicial review pursuant to title 12, chapter 7,
 article 6.

19 Sec. 18. Section 36-2220, Arizona Revised Statutes, is amended to 20 read:

21

36-2220. <u>Records; confidentiality; definition</u>

A. Information developed, records kept and data collected by the department or a political subdivision of this state for the purpose of administering or evaluating the Arizona emergency medical services system or for the trauma system are available to the public except:

26 1. Any patient record, including clinical records, prehospital care 27 records, medical reports, laboratory statements and reports, any file, film, 28 record or report or oral statement relating to diagnostic findings, treatment 29 or outcome of patients, whether written or recorded, and any information from 30 which a patient, the patient's family or the patient's health care provider 31 or facility might be identified except records, files and information shall 32 be ARE available to the patient, the patient's guardian or the patient's 33 agent.

34 2. Information obtained and data collected for purposes of chapter 25
35 or chapter 4, article 5 of this title.

B. Unless otherwise provided by law, all medical records developed and kept by a prehospital component of the statewide trauma system and information contained in these records are confidential and may not be released to the public without written authorization by the patient, the patient's guardian or the patient's agent.

41 C. Notwithstanding subsection B of this section, a prehospital 42 incident history report completed and kept by a nonhospital political 43 subdivision of this state is available to the public except for information 44 in that report that is protected from disclosure by the laws of this state or 1 federal law, including but not limited to confidential patient treatment 2 information.

D. Patient records and medical records covered by this section may be obtained pursuant to section 12-2294.01.

5 E. Information, documents and records received by the department or 6 prepared by the department in connection with an investigation that is 7 conducted pursuant to this article and that relates to emergency medical CARE 8 technicians are confidential and are not subject to public inspection or 9 civil discovery. The results of the investigation and the decision of the 10 department are available to the public after the investigation is completed 11 and the investigation file is closed.

F. For the purposes of this section, "prehospital incident history report" means a record of the prehospital response, nature of the incident and transportation of an emergency medical services patient that is documented on a prehospital incident history report.

16 Sec. 19. Section 36-2222, Arizona Revised Statutes, is amended to 17 read:

18 19 36-2222. <u>Trauma advisory board; membership; compensation;</u> duties

A. The trauma advisory board is established and consists of the following members:

The medical director of the bureau of THE emergency medical
 services AND TRAUMA SYSTEM who shall chair the board.

24 2. The director of the department of public safety or the director's 25 designee.

26 3. Four members representing the four regional emergency medical 27 services coordinating councils.

28

4. Two members from trauma centers in this state.

5. A representative from a statewide organization representing a
 national college of surgeons that is a recognized, authoritative body
 representing national trauma services standards.

32 33 6. A representative from a statewide fire district association.

7. A representative from a statewide hospital association.

34 8. A representative from a federal Indian health services 35 organization.

9. A representative from a national organization of emergency
 physicians that is a recognized, authoritative body representing national
 emergency medicine standards.

39

10. A representative from a national association of retired persons.

40 1

11. A representative from a statewide rehabilitation facility.

41 12. A representative from an urban advanced life support base hospital42 that is not a trauma center.

43 13. A representative from a rural advanced life support base hospital44 that is not a trauma center.

45

14. A representative from a statewide ambulance association.

1 15. A representative from a fire department in a county with a 2 population of five hundred thousand persons or more according to the most 3 recent United States decennial census.

4

A representative of a tribal health organization. 16.

5

17. A representative from a statewide neurosurgical society. A representative from a statewide pediatric organization. 18.

6 7

19. A representative from a society of trauma nurses.

8

20. A representative from a national association of orthopedic trauma.

9 Β. Except for board members who serve under subsection A, paragraphs 1 10 and 2 of this section, board members are appointed by the director and serve 11 staggered three year terms.

12 C. The director shall accept recommendations for appointment of board 13 members from organizations representing consumers, insurers and governmental 14 agencies that have an interest in the development of a statewide trauma 15 system, including statewide chapters of a national trauma society, a national emergency medical nurses association, a medical association and 16 an 17 aeromedical association. Wherever appropriate to the entity being 18 represented, the director shall consider qualified licensed physicians with 19 experience in trauma care in anesthesia, emergency medicine, neurosurgery, 20 orthopedics and pediatrics, and licensed nurses with experience in 21 prehospital emergency care or trauma care.

D. Board members are not eligible to receive compensation but are 22 23 eligible for reimbursement of expenses under title 38, chapter 4, article 2. 24 E. The board shall:

25 1. Make recommendations on the initial and long-term processes for the 26 verification and designation of trauma center levels, including the 27 evaluation of trauma center criteria.

28 2. Make recommendations on the development and implementation of 29 comprehensive regional emergency medical services and trauma system plans.

30 3. Make recommendations on the state emergency medical services and 31 trauma system quality improvement processes, including the state trauma registry. 32

33 4. Submit a report to the director on or before October 1 of each year 34 regarding the board's accomplishments and recommendations.

35 F. The chairperson may appoint subcommittees to assist the board in 36 meeting the requirements of subsection E of this section.

37 Sec. 20. Section 36-2227, Arizona Revised Statutes, is amended to 38 read:

39 40

## 36-2227. Informal interviews; request for information; nondissemination; violation; classification

41 A. At least thirty days before the date of an informal interview held 42 pursuant to this article or article 2 of this chapter, the department shall 43 notify a person who is under investigation, or that person's designee, that 44 the person or designee may submit a written request with the department at

1 least ten business days before that interview that it THE DEPARTMENT provide 2 the following before the interview:

3 1. Except as provided pursuant to section 41-1010, the name of the
4 person making the complaint.

5 2. Except as prohibited by state and federal privacy or 6 confidentiality laws, any documents received by the department, in any format 7 or medium, that are relevant to the investigation, including:

8 (a) Records obtained by the department from first responders, 9 emergency medical CARE technicians or other health care providers.

10 11 (b) Witness statements or summaries.(c) Patient records.

B. The department shall redact any information provided pursuant to subsection A of this section necessary to protect the personal identifying information of a patient.

15 C. A person who receives information pursuant to subsection A of this 16 section may not copy, share or otherwise disseminate that information except 17 as needed to participate in the informal interview or in an administrative 18 proceeding or appeal arising from the investigation. A person who violates 19 this subsection is guilty of a class 3 misdemeanor.

20

21 22 read:

23

36-2232. <u>Director; powers and duties; regulation of ambulance</u> <u>services; inspections; response time compliance</u>

Sec. 21. Section 36-2232, Arizona Revised Statutes, is amended to

A. The director shall adopt rules to regulate the operation of ambulances and ambulance services in this state. Each rule shall identify all sections and subsections of this chapter under which the rule was formulated. The rules shall provide for the department to do the following:

28 Determine, fix, alter and regulate just, reasonable and sufficient 1. 29 rates and charges for the provision of ambulances, including rates and 30 charges for advanced life support service, basic life support service, 31 patient loaded mileage, standby waiting, subscription service contracts and 32 other contracts for services related to the provision of ambulances. The 33 director may establish a rate and charge structure as defined by federal 34 medicare guidelines for ambulance services. The director shall inform all 35 ambulance services of the procedures and methodology used to determine 36 ambulance rates or charges.

2. Regulate operating and response times of ambulances to meet the needs of the public and to insure ENSURE adequate service. The rules adopted by the director for certificated ambulance service response times shall include uniform standards for urban, suburban, rural and wilderness geographic areas within the certificate of necessity based on, but not limited to AT A MINIMUM, population density, geographic and medical considerations.

44 3. Determine, fix, alter and regulate bases of operation. The 45 director may issue a certificate of necessity to more than one ambulance service within any base of operation. For the purposes of this paragraph,
 "base of operation" means a service area granted under a certificate of
 necessity.

4 4. Issue, amend, transfer, suspend or revoke certificates of necessity 5 under terms and conditions consistent with this article.

5. Prescribe a uniform system of accounts to be used by ambulance
services that conforms to standard accounting forms and principles for the
ambulance industry AND GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

9 6. Require the filing of an annual financial report and other data. 10 These rules shall require an ambulance service to file the report with the 11 department not later than one hundred eighty days after the completion of its 12 annual accounting period.

13 7. Regulate ambulance services in all matters affecting services to 14 the public to the end that the provisions of this article may be fully 15 carried out.

8. Prescribe bonding requirements, if any, for ambulance services
 granted authority to provide any type of subscription service.

9. Offer technical assistance to ambulance services to maximize a
 healthy and viable business climate for the provision of ambulances.

20 10. Offer technical assistance to ambulance services in order to obtain 21 or to amend a certificate of necessity.

11. Inspect, at a maximum of twelve month intervals, each ambulance registered pursuant to section 36-2212 to assure ENSURE that the vehicle is operational and safe and that all required medical equipment is operational. At the request of the provider, the inspection may be performed by a facility approved by the director. If a provider requests that the inspection be performed by a facility approved by the director, the provider shall pay the cost of the inspection.

B. The director may require any ambulance service offering subscription service contracts to obtain a bond in an amount determined by the director that is based on the number of subscription service contract holders and to file the bond with the director for the protection of all subscription service contract holders in this state who are covered under that subscription contract.

35

C. An ambulance service shall:

36 1. Maintain, establish, add, move or delete suboperation stations 37 within its base of operation to assure ENSURE that the ambulance service 38 meets the established response times or those approved by the director in a 39 political subdivision contract.

40 2. Determine the operating hours of its suboperation stations to 41 provide for coverage of its base of operation.

42 3. Provide the department with a list of suboperation station43 locations.

4. Notify the department at least NOT LATER THAN thirty days before
 AFTER THE ambulance service makes a change in the number or location of its
 suboperation stations.

4

D. At any time the director or the director's agents may:

5 1. Inquire into the operation of an ambulance service, including a 6 person operating an ambulance that has not been issued a certificate of 7 registration or a person who does not have or is operating outside of a 8 certificate of necessity.

9 2. Conduct on-site inspections of facilities, communications 10 equipment, vehicles, procedures, materials and equipment.

11

3. Review the gualifications of ambulance attendants.

E. If all ambulance services that have been granted authority to operate within the same service area or that have overlapping certificates of necessity apply for uniform rates and charges, the director may establish uniform rates and charges for the service area.

F. In consultation with the medical director of THE emergency medical 16 17 services AND TRAUMA SYSTEM, the emergency medical services council and the medical direction commission, the director of the department of health 18 19 services shall establish protocols for ambulance services to refer and advise 20 a patient or transport a patient by the most appropriate means to the most 21 appropriate provider of medical services based on the patient's condition. 22 The protocols shall include triage and treatment protocols that allow all 23 classes CLASSIFICATIONS of emergency medical CARE technicians responding to a 24 person who has accessed 911, or a similar public dispatch number, for a 25 condition that does not pose an immediate threat to life or limb to:-

26 1. refer and advise a patient or transport a patient to the most 27 appropriate health care institution as defined by IN section 36-401 based on 28 the patient's condition, taking into consideration factors including patient 29 choice, the patient's health care provider, specialized health care 30 facilities and local protocols.

31

2. Provide a list of alternative sites available to deliver care.

32 G. The director, when reviewing an ambulance service's response time 33 compliance with its certificate of necessity, shall consider in addition to 34 other factors the effect of hospital diversion, delayed emergency department 35 admission and the number of ambulances engaged in response or transport in 36 the affected area.

37 Sec. 22. Section 36-2244, Arizona Revised Statutes, is amended to 38 read:

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## 36-2244. Legal action for enforcement

40 The department may institute and maintain in the name of this state an 41 action to enforce this article or any rule or regulation adopted pursuant to 42 this article by mandatory injunction or other appropriate remedy.

1 Sec. 23. Section 36-2245, Arizona Revised Statutes, is amended to 2 read: 3 36-2245. <u>Investigations: dispute resolution: informal</u> 4 interviews: hearings: stipulations: judicial review: 5 civil penalty 6 A. The department may conduct an investigation into the operation of 7 ambulances and ambulance services. 8 B. Proceedings under this section may be initiated by the department. 9 C. If the department receives a written and signed statement of dissatisfaction or dispute of charges or any matter relating to the 10 11 regulation of ambulance services, the customer is deemed to have filed an 12 informal complaint against the ambulance service. Within fifteen days of 13 receipt of the complaint, a designated representative of the department shall 14 inform the ambulance service that an informal complaint has been filed, state 15 the nature of the allegations made, specify the purported rule violation and 16 identify specific records relating to the purported rule violation that the 17 ambulance service shall provide to the department. The ambulance service 18 shall comply with the request for records in a timely manner.

D. Within forty-five days of receipt of the records, the department shall determine if the complaint is nonsubstantive or substantive.

21 E. If the department determines that a complaint filed pursuant to 22 this section is nonsubstantive, it shall render a written decision to all 23 parties within five days of that determination. The complainant may make a 24 formal complaint to the department if the complainant disagrees with the 25 department's decision. If the nonsubstantive complaint involves rates and 26 charges, a designated representative of the department shall attempt to 27 resolve the dispute by correspondence or telephone with the ambulance service 28 and the customer.

F. If the department determines that a complaint filed pursuant to this section is substantive, the complaint becomes a formal complaint. The department shall inform the ambulance service that the initial investigation was substantive in nature and may warrant action pursuant to this article. The department shall inform the ambulance service of the specific rule violation and shall allow the ambulance service thirty days to answer the complaint in writing.

G. The department may issue a written request for an informal interview with the ambulance service if the department believes that the evidence indicates that grounds for action exist. The request shall state the reasons for the interview and shall schedule an interview at least ten days from the date that the department sends the request for an interview.

H. If the department determines that evidence warrants action or if
the ambulance service refuses to attend the informal interview, the director
shall institute formal proceedings and hold a hearing pursuant to title 41,
chapter 6, article 10.

I. If the department believes that a lesser disciplinary action is appropriate, the department may enter into a stipulated agreement with the ambulance service. This stipulation may include a civil penalty as provided under subsection J of this section.

J. In addition to other disciplinary action provided under this 5 section, the director may impose a civil penalty of not more than three 6 7 hundred fifty dollars for each violation of this chapter that constitutes 8 grounds to suspend or revoke a certificate of necessity. This penalty shall 9 not exceed fifteen thousand dollars. Each day that a violation occurs constitutes a separate offense. The director shall deposit, pursuant to 10 11 sections 35-146 and 35-147, all monies collected under this subsection in the 12 emergency medical services operating fund established under section 36-2218.

13 K. The director may suspend a certificate of necessity without holding 14 a hearing if the director determines that the certificate holder has failed 15 to pay a civil penalty imposed under this section. The director shall 16 reinstate the certificate of necessity when the certificate holder pays the 17 penalty in full.

18 L. Except as provided in section 41-1092.08, subsection H, a final 19 decision of the department pursuant to this section is subject to judicial 20 review pursuant to title 12, chapter 7, article 6.

M. Information, documents and records received by the department or prepared by the department in connection with an investigation that is conducted pursuant to this article AND that relates to emergency medical CARE technicians are confidential and are not subject to public inspection or civil discovery. When the investigation has been completed and the investigation file has been closed, the results of the investigation and the decision of the department shall be available to the public.

28 Sec. 24. Section 36-2264, Arizona Revised Statutes, is amended to 29 read:

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#### 36-2264. Exemption from regulation

A. A person who obtains an automated external defibrillator for home use pursuant to a physician's prescription is exempt from the requirements of this article.

B. A person who is employed as a fire fighter FIREFIGHTER, emergency medical CARE technician or paramedic AMBULANCE ATTENDANT by a fire district established pursuant to title 48, chapter 5, is exempt from the requirements of this article.

C. A person who is employed as a fire fighter FIREFIGHTER, emergency medical CARE technician or paramedic AMBULANCE ATTENDANT by a public or private fire department or an ambulance service regulated by title 36, THIS chapter 21.1, is exempt from the requirements of this article.

42 Sec. 25. Section 41–1005, Arizona Revised Statutes, is amended to 43 read:

44 41-1005. <u>Exemptions</u>

A. This chapter does not apply to any:

1 1. Rule that relates to the use of public works, including streets and 2 highways, under the jurisdiction of an agency if the effect of the order is 3 indicated to the public by means of signs or signals.

4

2. Order of the Arizona game and fish commission that opens, closes or alters seasons or establishes bag or possession limits for wildlife.

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3. Rule relating to section 28-641 or to any rule regulating motor 6 7 vehicle operation that relates to speed, parking, standing, stopping or passing enacted pursuant to title 28, chapter 3. 8

9 4. Rule concerning only the internal management of an agency that does 10 not directly and substantially affect the procedural or substantive rights or 11 duties of any segment of the public.

12 5. Rule that only establishes specific prices to be charged for 13 particular goods or services sold by an agency.

14 6. Rule concerning only the physical servicing, maintenance or care of 15 agency owned or operated facilities or property.

Rule or substantive policy statement concerning inmates or 16 7. 17 committed youths of a correctional or detention facility in secure custody or patients admitted to a hospital, if made by the state department of 18 19 corrections, the department of juvenile corrections, the board of executive 20 clemency or the department of health services or a facility or hospital under 21 the jurisdiction of the state department of corrections, the department of 22 juvenile corrections or the department of health services.

23 Form whose contents or substantive requirements are prescribed by 8. 24 rule or statute, and instructions for the execution or use of the form.

25 9. Capped fee-for-service schedule adopted by the Arizona health care 26 cost containment system administration pursuant to title 36, chapter 29.

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10. Fees prescribed by section 6-125.

28 Order of the director of water resources adopting or modifying a 11. 29 management plan pursuant to title 45, chapter 2, article 9. 30

12. Fees established under section 3-1086.

31 13. Fee-for-service schedule adopted by the department of economic 32 security pursuant to section 8-512.

33 14. Fees established under sections 41-2144 and 41-2189.

34 15. Rule or other matter relating to agency contracts.

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16. Fees established under section 32-2067 or 32-2132. 17. Rules made pursuant to section 5-111, subsection A.

36 37 Rules made by the Arizona state parks board concerning the 18. 38 operation of the Tonto natural bridge state park, the facilities located in 39 the Tonto natural bridge state park and the entrance fees to the Tonto 40 natural bridge state park. 41

Fees or charges established under section 41-511.05. 19.

42 20. Emergency medical services protocols except as provided in section 43 36-2205, subsection ← B.

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21. Fee schedules established pursuant to section 36-3409.

1 22. Procedures of the state transportation board as prescribed in 2 section 28-7048.

3

23. Rules made by the state department of corrections.

4

24. Fees prescribed pursuant to section 32-1527.

5 25. Rules made by the department of economic security pursuant to 6 section 46-805.

7

26. Schedule of fees prescribed by section 23-908.

8 27. Procedure that is established pursuant to title 23, chapter 6, 9 article 5 or 6.

10 28. Rules, administrative policies, procedures and guidelines adopted 11 for any purpose by the Arizona commerce authority pursuant to chapter 10 of 12 this title if the authority provides, as appropriate under the circumstances, 13 for notice of an opportunity for comment on the proposed rules, 14 administrative policies, procedures and guidelines.

15 29. Rules made by a marketing commission or marketing committee 16 pursuant to section 3-414.

B. Notwithstanding subsection A, paragraph 22 of this section, at such time as the federal highway administration authorizes the privatization of rest areas, the state transportation board shall make rules governing the lease or license by the department of transportation to a private entity for the purposes of privatization of a rest area.

22 C. Coincident with the making of a rule pursuant to an exemption under 23 this section, the agency shall file a copy of the rule with the secretary of 24 state for publication pursuant to section 41-1012.

D. Unless otherwise required by law, articles 2, 3, 4 and 5 of this chapter do not apply to the Arizona board of regents and the institutions under its jurisdiction, except that the Arizona board of regents shall make policies or rules for the board and the institutions under its jurisdiction that provide, as appropriate under the circumstances, for notice of and opportunity for comment on the policies or rules proposed.

E. Unless otherwise required by law, articles 2, 3, 4 and 5 of this chapter do not apply to the Arizona state schools for the deaf and the blind, except that the board of directors of all the state schools for the deaf and the blind shall adopt policies for the board and the schools under its jurisdiction that provide, as appropriate under the circumstances, for notice of and opportunity for comment on the policies proposed for adoption.

37 F. Unless otherwise required by law, articles 2, 3, 4 and 5 of this 38 chapter do not apply to the state board of education, except that the state 39 board of education shall adopt policies or rules for the board and the 40 institutions under its jurisdiction that provide, as appropriate under the 41 circumstances, for notice of and opportunity for comment on the policies or 42 rules proposed for adoption. In order to implement or change any rule, the 43 state board of education shall provide at least two opportunities for public 44 comment.

1 Sec. 26. Section 41-1831, Arizona Revised Statutes, is amended to 2 read: 3 41-1831. Definitions In this chapter, unless the context otherwise requires: 4 5 1. "Ambulance" means any publicly or privately owned surface, water or air vehicle, including a helicopter, especially THAT IS SPECIALLY designed 6 7 and constructed or modified and equipped to be used, maintained or operated 8 for transportation of individuals who are sick, injured, wounded or otherwise 9 incapacitated or helpless. Ambulance does not include surface vehicles owned 10 and operated by a private sole proprietor, partnership, private corporation 11 or municipal corporation for the emergency transportation or in transit care 12 of its employees. 13 2. "Ambulance pilot" means an individual who is responsible for the 14 operation of an air ambulance, and WHO is trained and certified as provided 15 in this chapter. 3. "Ambulance service" means a person who owns and operates one or 16 17 more ambulances as defined in this article. "Certified Emergency medical CARE technician" means an individual 18 4. 19 who has been certified by the department of health services as a basic AN 20 emergency medical technician, an *intermediate* ADVANCED emergency medical 21 technician, AN EMERGENCY MEDICAL TECHNICIAN I-99 or an emergency A paramedic. 22 5. "Department" means the department of public safety. 23 6. "Director" means the director of the department of public safety. 24 "Emergency medical patient" means a person who is suffering from a 7. 25 condition which THAT requires immediate medical care or hospitalization, or 26 both, in order to preserve the person's health, life or limb. 27 8. "Emergency medical services communication system" means the 28 statewide system implemented, coordinated and administered by the department 29 of public safety, which may have the capability of providing for the 30 intercommunication of any or all law enforcement agencies and personnel, 31 ambulances, ambulance services and dispatchers, emergency receiving 32 facilities, other health care institutions, medical practitioners, motor 33 vehicle repair, fire service vehicles and tow trucks, and any other agencies 34 and persons who may be serving on a volunteer basis. 35 9. "Emergency medical situation" means a condition of emergency in which immediate medical care or hospitalization, or both, is required by a 36 37 person or persons for the preservation of health, life or limb. 38 "Emergency receiving facility" means a licensed health care 10. 39 institution offering THAT OFFERS emergency medical services, THAT IS staffed 40 twenty-four hours a day and which THAT has a physician, WHO IS licensed 41 under the provisions of PURSUANT TO title 32, chapter 13 or 17, on call.

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- Sec. 27. Section 48-818, Arizona Revised Statutes, is amended to read: 48-818. <u>Emergency medical aid or assistance to other public</u> bodies: limitation on liability

A. A district, or an employee of a district, organized pursuant to 4 5 this chapter, or a private fire or ambulance company whose services are procured by a fire district or its officers and employees or a property 6 7 owner, its officers or employees or a tenant, when rendering emergency 8 medical aid provided by an emergency medical CARE technician, an intermediate 9 emergency medical technician or a paramedic who is certified by the director of the department of health services pursuant to section 36-2205, is not 10 11 liable for civil or other damages to the recipient of the emergency medical aid as the result of any act or omission in rendering such aid or as the 12 13 result of any act or failure to act to provide or arrange for further medical 14 treatment or care for the sick or injured person. This subsection does not 15 apply if the person providing emergency medical aid is guilty of gross 16 negligence or intentional misconduct. The immunity provided for in this 17 subsection does not extend to an emergency medical CARE technician, an 18 intermediate emergency medical technician or a paramedic while operating a 19 motor vehicle.

20 B. A district, or an employee of a district, organized pursuant to 21 this chapter, if requested by a public body to assist at a traffic accident 22 on a public right-of-way or to render emergency aid at an emergency 23 occurrence outside the boundaries of such district is not liable for any 24 civil or other damages as a result of any act or omission by the district or 25 an employee of the district at the traffic accident, while rendering 26 emergency care or as the result of any act or a failure to act to provide or 27 arrange for further medical treatment or care for an injured person. This 28 subsection does not apply if the district or an employee of the district, 29 while providing assistance or rendering such emergency care or acting or 30 failing to act to provide such further medical treatment or care, is guilty 31 of gross negligence.

C. The provisions of This section shall DOES not abrogate the right of an employee who is injured while performing services as provided in subsection A of this section to recover benefits to which he THE EMPLOYEE may be eligible under title 23, chapter 6 from the district.

D. Nothing in This section limits DOES NOT LIMIT a plaintiff's right to recover civil damages from any applicable uninsured motorist coverage or underinsured motorist coverage.

39 40 Sec. 28. <u>Currently certified intermediate emergency medical</u> <u>technicians</u>

An intermediate emergency medical technician who is certified by the department of health services before the effective date of this act is deemed to meet the requirements for recertification as an emergency medical technician I-99 and shall be recertified by the department as an emergency medical technician I-99 on expiration of the technician's certificate if the 3

1 technician meets the department's recertification requirements and is 2 otherwise eligible.

Sec. 29. <u>Exemption from rule making</u>

For the purposes of this act, the department of health services is exempt from the rule making requirements of title 41, chapter 6, Arizona Revised Statutes, until December 31, 2013, except that the department shall provide public notice and an opportunity for public comment on proposed rules at least thirty days before a rule is adopted or amended.