REFERENCE TITLE: emergency medical services

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

HB 2261

Introduced by Representatives Carter, Ash, Judd: Brophy McGee, Pierce, Yee

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)

- j -

Be it enacted by the Legislature of the State of Arizona: Section 1. Section 9-500.02, Arizona Revised Statutes, is amended to read:

9-500.02. <u>Emergency medical aid: assistance to other public</u> bodies: limitation on liability

- A city or town or its officers and employees, a private fire or ambulance company whose services are procured by a city or town or its officers and employees, a property owner or its officers or employees, a tenant or a licensed health care provider as defined in section 12-561 or an emergency medical CARE technician certified pursuant to title 36, chapter 21.1 who performs emergency medical aid, when rendering emergency medical aid provided by an emergency medical CARE technician, an intermediate emergency medical technician or a paramedic AND who is certified by the director of the department of health services pursuant to section 36-2205, is not 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 result of any act or failure to act to provide or arrange for further medical treatment or care for the sick or injured person. This subsection does not apply if the person providing emergency medical aid is guilty of gross negligence or intentional misconduct. The immunity provided for in this subsection does not extend to an emergency medical CARE technician, an intermediate emergency medical technician or a paramedic while operating a motor vehicle.
- B. A city or town, an employee of a city or town or a licensed health care provider if requested by a public body to assist at a traffic accident on a public right-of-way or to render emergency aid at an emergency occurrence outside of the corporate limits of such city or town is not liable for any civil or other damages as the result of any act or omission by the city or town or an employee of the city or town at the traffic accident, rendering emergency care or as the result of any act or failure to act to provide or arrange for further medical treatment or care for an injured person. This subsection does not apply if the city or town, an employee of the city or town or a licensed health care provider, while providing assistance at such a traffic accident, rendering such emergency care or acting or failing to act to provide such further medical treatment or care, is guilty of gross negligence.
- C. This section 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 for which the employee may be eligible under title 23, chapter 6 from the city or town.
- D. This section does not limit a plaintiff's right to recover civil damages from any applicable uninsured motorist coverage or underinsured motorist coverage.

- 1 -

- E. This section does not apply to services provided in an emergency room.
- F. This section applies to all actions brought under sections 46-455 and 46-456, regardless of whether the action is brought by the recipient of the emergency medical aid or by some other authorized person, organization or governmental entity.
 - Sec. 2. Section 36-104, Arizona Revised Statutes, is amended to read: 36-104. Powers and duties

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 duties in addition to the powers and duties granted by section 36-103. The director shall:

- 1. Administer the following services:
- (a) Administrative services, which shall include at a minimum the functions of accounting, personnel, standards certification, electronic data processing, vital statistics and the development, operation and maintenance of buildings and grounds utilized by the department.
 - (b) Public health support services, which shall include at a minimum:
- (i) Consumer health protection programs that include at least the functions of community water supplies, general sanitation, vector control and food and drugs.
- (ii) Epidemiology and disease control programs that include at least the functions of chronic disease, accident and injury control, communicable diseases, tuberculosis, venereal disease and others.
 - (iii) Laboratory services programs.
 - (iv) Health education and training programs.
 - (v) Disposition of human bodies programs.
 - (c) Community health services, which shall include at a minimum:
- (i) Medical services programs that include at least the functions of maternal and child health, preschool health screening, family planning, public health nursing, premature and newborn program, immunizations, nutrition, dental care prevention and migrant health.
- (ii) Dependency health care services programs that include at least the functions of need determination, availability of health resources to medically dependent individuals, quality control, utilization control and industry monitoring.
 - (iii) Physically disabled children's services programs.
- (iv) Programs for the prevention and early detection of an intellectual disability.
 - (d) Program planning, which shall include at least the following:
 - (i) An organizational unit for comprehensive health planning programs.
 - (ii) Program coordination, evaluation and development.
 - (iii) Need determination programs.
 - (iv) Health information programs.

- 2 -

- 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.
- 3. Make rules and regulations for the organization and proper and efficient operation of the department.
- 4. Determine when a health care emergency or medical emergency situation exists or occurs within the state that cannot be satisfactorily controlled, corrected or treated by the health care delivery systems and facilities available. When such a situation is determined to exist, the director shall immediately report that situation to the legislature and the governor. The report shall include information on the scope of the emergency, recommendations for solution of the emergency and estimates of costs involved.
- 5. Provide a system of unified and coordinated health services and programs between the state and county governmental health units at all levels of government.
- 6. Formulate policies, plans and programs to effectuate the missions and purposes of the department.
- 7. Make contracts and incur obligations within the general scope of the department's activities and operations subject to the availability of funds.
- 8. Be designated as the single state agency for the purposes of 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.
- $10.\$ Establish and maintain separate financial accounts as required by federal law or regulations.
- 11. Advise with and make recommendations to the governor and the legislature on all matters concerning the department's objectives.
- 12. Take appropriate steps to reduce or contain costs in the field of 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.
- 14. Encourage an effective use of available federal resources in this 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.

- 3 -

- 16. Promote the effective utilization of health manpower and health facilities that provide health care for the citizens of this state.
- 17. Take appropriate steps to provide health care services to the medically dependent citizens of this state.
- 18. Certify training on the nature of sudden infant death syndrome for use by professional firefighters and certified emergency medical technicians as part of their basic and continuing training requirement.
- 19. 18. Certify training on the nature of sudden infant death syndrome, which shall include information on the investigation and handling of cases involving sudden and unexplained infant death for use by law enforcement officers as part of their basic training requirement.
- $\frac{20.}{19}$. Adopt protocols on the manner in which an autopsy shall be conducted under section 11-597, subsection D in cases of sudden and unexplained infant death.
- 21. 20. Cooperate with the Arizona-Mexico commission in the governor's office and with researchers at universities in this state to collect data and conduct projects in the United States and Mexico on issues that are within the scope of the department's duties and that relate to quality of life, trade and economic development in this state in a manner that will help the Arizona-Mexico commission to assess and enhance the economic competitiveness of this state and of the Arizona-Mexico region.
- $\frac{22}{2}$. Administer the federal family violence prevention and services act grants, and the department is designated as this state's recipient of federal family violence prevention and services act grants.
- 23. 22. Accept and spend private grants of monies, gifts and devises for the purposes of methamphetamine education. The department shall disburse these monies to local prosecutorial or law enforcement agencies with existing programs, faith based organizations and nonprofit entities that are qualified under section 501(c)(3) of the United States internal revenue code, including nonprofit entities providing services to women with a history of dual diagnosis disorders, and that provide educational programs on the repercussions of methamphetamine use. State general fund monies shall not be spent for the purposes of this paragraph. If the director does not receive sufficient monies from private sources to carry out the purposes of this paragraph, the director shall not provide the educational programs prescribed in this paragraph. Grant monies received pursuant to this paragraph are no lapsing and do not revert to the state general fund at the close of the fiscal year.
- $\frac{24}{1}$. Identify successful methamphetamine prevention programs in other states that may be implemented in this state.
- 25. 24. Pursuant to chapter 13, article 8 of this title, coordinate all public health and risk assessment issues associated with a chemical or other toxic fire event if a request for the event is received from the incident commander, the emergency response commission or the department of public safety and if funding is available. Coordination of public health

- 4 -

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

Sec. 3. Section 36-471, Arizona Revised Statutes, is amended to read: 36-471. Persons authorized to collect human specimens or blood

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.

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

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.
- 20. 2. "Intermediate ADVANCED emergency medical technician" means a person who has been trained in an intermediate ADVANCED emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
- 3. "ADVANCED LIFE SUPPORT" MEANS THE LEVEL OF ASSESSMENT AND CARE IDENTIFIED IN THE SCOPE OF PRACTICE APPROVED BY THE DIRECTOR FOR THE ADVANCED

- 5 -

EMERGENCY MEDICAL TECHNICIAN, EMERGENCY MEDICAL TECHNICIAN I-99 AND 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.
- 3. 5. "Ambulance" means any publicly or privately owned surface, water or air vehicle, including a helicopter, that contains a stretcher and necessary medical equipment and supplies pursuant to section 36-2202 and that is especially designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded or who require medical monitoring or aid. Ambulance does not include a surface vehicle that is owned and operated by a private sole proprietor, partnership, private corporation or municipal corporation for the emergency transportation and in-transit care of its employees or a vehicle that is operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport and that is not advertised as having medical equipment and supplies or ambulance attendants.
 - 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.
- (c) A physician who is licensed pursuant to title 32, chapter 13 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.
- (e) A professional nurse who is licensed pursuant to title 32, chapter 15 and whose primary responsibility is the care of patients in an ambulance during an interfacility transport.
- 5. 7. "Ambulance service" means a person who owns and operates one or more ambulances.
- 8. "BASIC LIFE SUPPORT" MEANS THE LEVEL OF ASSESSMENT AND CARE IDENTIFIED IN THE SCOPE OF PRACTICE APPROVED BY THE DIRECTOR FOR THE EMERGENCY MEDICAL RESPONDER AND EMERGENCY MEDICAL TECHNICIAN.
- 9. "BUREAU" MEANS THE BUREAU OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM IN THE DEPARTMENT.

- 6 -

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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:
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- (a) Has the ability to communicate with ambulance services and emergency medical services providers rendering patient care outside of the hospital setting via radio and telephone.
- (b) Is staffed twenty-four hours a day seven days a week by at least a physician licensed pursuant to title 32, chapter 13 or 17.
- 8. 11. "Certificate of necessity" means a certificate that is issued to an ambulance service by the department and that describes the following:
 - (a) Service area.
 - (b) Level of service.
 - (c) Type of service.
 - (d) Hours of operation.
 - (e) Effective date.
- (f) Expiration date.
 - (g) Legal name and address of the ambulance service.
 - (h) Any limiting or special provisions the director prescribes.
 - 10. "Council" means the emergency medical services council.
 - 11. "Department" means the department of health services.
- $\frac{12}{14}$. "Director" means the director of the department of health services.
- 13. "Division" means the division of emergency medical services within 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.
- 18. 16. "First EMERGENCY MEDICAL responder" as an ambulance attendant means a person who has been trained under the supervision of a qualified first responder instructor, who provides patient care and treatment in accordance with the United States department of transportation first responder curriculum and who meets all of the following requirements: IN AN EMERGENCY MEDICAL RESPONDER PROGRAM CERTIFIED BY THE DIRECTOR OR IN AN EQUIVALENT TRAINING PROGRAM AND WHO IS CERTIFIED BY THE DIRECTOR TO RENDER SERVICES PURSUANT TO SECTION 26-2205.
- (a) Has successfully completed the United States department of transportation first responder national standard curriculum course.
- (b) Has successfully completed the national registry first responder examination and has submitted proof of this fact to the person's current employer.
- (c) Successfully completes the United States department of transportation first responder refresher national standard curriculum at least once every two years.

- 7 -

- 14. 17. "Emergency medical services" means those services required following an accident or an emergency medical situation:
 - (a) For on-site emergency medical care.
- (b) For the transportation of the sick or injured by a licensed ground or air ambulance.
 - (c) In the use of emergency communications media.
 - (d) In the use of emergency receiving facilities.
- (e) In administering initial care and preliminary treatment procedures by certified emergency medical CARE technicians.
- 15. 18. "Emergency medical services provider" means any governmental entity, quasi-governmental entity or corporation whether public or private that renders emergency medical services in this state.
- 6. 19. "Basic Emergency medical technician" means a person who has been trained in specific emergency care in a basic AN emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director as qualified to render services pursuant to section 36-2205.
- $\frac{17.}{20.}$ "Emergency receiving facility" means a licensed health care institution that offers emergency medical services, is staffed twenty-four hours a day and has a physician on call.
- 19. 21. "Fit and proper" means that the director determines that an applicant for a certificate of necessity or a certificate holder has the expertise, integrity, fiscal competence and resources to provide ambulance service in the service area.
- 21. 22. "Medical record" means any patient record, including clinical records, prehospital care records, medical reports, laboratory reports and statements, any file, film, record or report or oral statements relating to diagnostic findings, treatment or outcome of patients, whether written, ELECTRONIC or recorded, and any information from which a patient or the patient's family might be identified.
- 23. "NATIONAL CERTIFICATION ORGANIZATION" MEANS A NATIONAL ORGANIZATION THAT TESTS AND CERTIFIES THE ABILITY OF AN EMERGENCY MEDICAL CARE TECHNICIAN AND WHOSE TESTS ARE BASED ON NATIONAL EDUCATION STANDARDS.
- 24. "NATIONAL EDUCATION STANDARDS" MEANS THE EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION OR OTHER SIMILAR EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS DEVELOPED BY THAT DEPARTMENT OR ITS SUCCESSOR AGENCY.
- 16. 25. "Emergency Paramedic" or "Paramedic" means a person who has been trained in an emergency A paramedic training program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
- 22. 26. "Physician" means any person licensed under the provisions of PURSUANT TO title 32, chapter 13 or 17.

- 8 -

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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.
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- 24. 27. "Stretcher van" means a vehicle that contains a stretcher and that is operated to accommodate an incapacitated or disabled person who does not require medical monitoring, aid, care or treatment during transport.
- 25. 28. "Suboperation station" means a physical facility or location at which an ambulance service conducts operations for the dispatch of ambulances and personnel and that may be staffed twenty-four hours a day or less as determined by system use.
- 26. 29. "Trauma center" means any acute care hospital that provides in-house twenty-four hour daily dedicated trauma surgical services THAT IS DESIGNATED PURSUANT TO SECTION 36-2225.
- 27. 30. "Trauma registry" means data collected by the department on trauma patients and on the incidence, causes, severity, outcomes and operation of a trauma system and its components.
- 28. 31. "Trauma system" means an integrated and organized arrangement of health care resources having the specific capability to perform triage, transport and provide care.
- 32. "VALIDATED TESTING PROCEDURE" MEANS A TESTING PROCEDURE THAT IS INCLUSIVE OF PRACTICAL SKILLS, OR AN ATTESTATION OF PRACTICAL SKILLS PROFICIENCY ON A FORM DEVELOPED BY THE DEPARTMENT BY THE EDUCATIONAL TRAINING PROGRAM, IDENTIFIED PURSUANT TO SECTION 36-2204, PARAGRAPH 2, THAT IS CERTIFIED AS VALID BY AN ORGANIZATION CAPABLE OF DETERMINING TESTING PROCEDURE AND TESTING CONTENT VALIDITY AND THAT IS RECOMMENDED BY THE MEDICAL DIRECTION COMMISSION AND THE EMERGENCY MEDICAL SERVICES COUNCIL BEFORE THE DIRECTOR'S APPROVAL.
- 29. 33. "Wheelchair van" means a vehicle that contains or that is designed and constructed or modified to contain a wheelchair and that is operated to accommodate an incapacitated or disabled person who does not require medical monitoring, aid, care or treatment during transport.
 - Sec. 5. Section 36-2202, Arizona Revised Statutes, is amended to read: 36-2202. <u>Duties of the director; qualifications of medical</u> director
 - A. The director shall:
- 1. Appoint a medical director of THE emergency medical services AND TRAUMA SYSTEM.
- 2. Adopt standards and criteria for the denial or granting of certification and recertification of emergency medical CARE technicians and deny certification of, certify and recertify emergency medical technicians. These standards shall allow the department to certify qualified basic emergency medical CARE technicians and paramedics, without requiring completion of WHO HAVE COMPLETED statewide standardized training required under section 36-2204, paragraph 1 or passage of AND a standardized certification test required under section 36-2204, paragraph 2, if the person

- 9 -

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

- 3. Adopt standards and criteria which THAT pertain to the quality of emergency care pursuant to section 36-2204.
- 4. 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.
- 6. Maintain a state system for recertifying emergency medical CARE technicians, except as otherwise $\frac{caused}{caused}$ PROVIDED by section 36-2202.01, that is independent from any national $\frac{registry\ of\ emergency\ medical\ technicians}{certification\ process}$. This system shall allow emergency medical CARE technicians to choose to be recertified under the state or the national $\frac{registry\ of\ emergency\ medical\ technicians}{certification\ process}$ CERTIFICATION ORGANIZATION recertification system subject to subsection $\frac{G}{c}$ H of this section.
- B. EMERGENCY MEDICAL TECHNICIANS WHO CHOOSE THE STATE RECERTIFICATION PROCESS SHALL RECERTIFY IN ONE OF THE FOLLOWING WAYS:
- 1. SUCCESSFULLY COMPLETING AN EMERGENCY MEDICAL TECHNICIAN REFRESHER COURSE APPROVED BY THE DEPARTMENT.
- 2. SUCCESSFULLY COMPLETING AN EMERGENCY MEDICAL TECHNICIAN CHALLENGE COURSE APPROVED BY THE DEPARTMENT.
- 3. FOR EMERGENCY MEDICAL CARE TECHNICIANS WHO ARE CURRENTLY CERTIFIED AT THE EMERGENCY MEDICAL TECHNICIAN LEVEL BY THE DEPARTMENT, ATTESTING ON A FORM PROVIDED BY THE DEPARTMENT THAT THE APPLICANT HOLDS A VALID AND CURRENT CARDIOPULMONARY RESUSCITATION CERTIFICATION, HAS AND WILL MAINTAIN DOCUMENTED PROOF OF A MINIMUM OF TWENTY-FOUR HOURS OF CONTINUING MEDICAL EDUCATION WITHIN THE LAST TWO YEARS CONSISTENT WITH DEPARTMENT RULES AND HAS FUNCTIONED

- 10 -

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.
- C. D. The rules, standards and criteria adopted by the director pursuant to subsection A, paragraphs 2, 3, 4 and 5 of this section shall be adopted in accordance with title 41, chapter 6, except that the director may adopt on an emergency basis pursuant to section 41-1026 rules relating to the regulation of ambulance services in this state necessary to protect the public peace, health and safety in advance of adopting rules, standards and 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.
- E. F. The director may suspend a protocol adopted pursuant to section 36-2205 if the director does all of the following:
 - 1. Determines that the rule is not in the public's best interest.
- 2. Initiates procedures pursuant to title 41, chapter 6 to repeal the 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.
- F. G. 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.
- G. H. Applicants for certification shall apply to the director for certification. Emergency medical CARE technicians shall apply for recertification to the director every two years. The director may extend the expiration date of an emergency medical CARE technician's certificate for thirty days. The department shall establish a fee for this extension by rule. Certified Emergency medical CARE technicians shall pass an examination administered by the department as a condition for recertification only if required to do so by the advanced life support base hospital's medical director or the certified emergency medical CARE technician's medical 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.
- I. J. The standards, criteria and procedures adopted by the director pursuant to subsection A, paragraph 5 of this section shall require that

- 11 -

ambulance services serving a rural or wilderness certificate of necessity area with a population of less than ten thousand persons according to the most recent United States decennial census have at least one ambulance attendant as defined in section 36-2201, paragraph 4-6, subdivision (a) and one ambulance attendant as defined in section 36-2201, paragraph 4-6, subdivision (b) staffing an ambulance while transporting a patient and that ambulance services serving a population of ten thousand persons or more according to the most recent United States decennial census $\frac{1}{3}$ have at least one ambulance attendant as defined in section $\frac{1}{3}$ and $\frac{1}{3}$ and one ambulance attendant as defined in section $\frac{1}{3}$ and $\frac{1}{$

- J. K. If the department determines there is not a qualified administrative medical director, the department shall ensure the provision of administrative medical direction for a certified basic AN emergency medical technician if the certified basic emergency medical technician meets all of the following criteria:
- 1. Is employed by a not-for-profit NONPROFIT or governmental provider employing less than twelve full-time basic emergency medical technician employees TECHNICIANS.
- 2. Stipulates to the inability to secure a physician who is willing to provide administrative medical direction.
- 3. Stipulates that the provider agency does not provide administrative medical direction for its employees.
- Sec. 6. Section 36-2202.01, Arizona Revised Statutes, is amended to read:

36-2202.01. <u>Test administration</u>

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:

- 1. Representatives appointed by the director in consultation with the medical director of THE emergency medical services AND TRAUMA SYSTEM.
 - 2. A testing facility.
- 3. An emergency medical services provider or ambulance service provider that has a training or education program. Emergency medical service providers or ambulance service providers may enter into contracts or intergovernmental agreements with other public entities for the purposes of emergency medical CARE technician testing and recertification testing. The training or education program must be staffed by at least three full-time persons who provide education and training to emergency services personnel. Two of these persons must be certified at a minimum of emergency medical CARE technician or higher and at least one person must be a certified emergency paramedic or A registered nurse licensed pursuant to title 32, chapter 15. The medical director of an emergency medical training or education program must be a physician licensed pursuant to title 32, chapter 13 or 17.

- 12 -

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Sec. 7. Section 36-2203, Arizona Revised Statutes, is amended to read: 36-2203. Emergency medical services council: membership: delayed repeal
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- A. The emergency medical services council is established. The medical 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 safety and the governor's highway safety coordinator, or their designees, and the following members appointed by the governor to three year terms:
- 1. One representative from each of the four local emergency medical services coordinating systems as defined PRESCRIBED in section 36-2210.
- 2. One physician specializing in emergency medicine from each of the four local emergency medical services coordinating regions $\frac{\text{as}}{\text{as}}$ prescribed in section 36-2210.
- 3. One professional nurse who is licensed pursuant to title 32, chapter 15 and who specializes in emergency medicine.
 - 4. One emergency medical CARE technician.
 - 5. Two representatives from ambulance service corporations.
- 6. Two hospital administrators, one of whom represents a county with a population of less than five hundred thousand persons.
- 7. One representative from each of the three employers of the largest number of emergency medical CARE technicians and paramedics.
- 8. One representative from a nongovernmental employer of $\frac{\text{intermediate}}{\text{emergency}}$ emergency medical technicians I-99.
 - 9. One representative from the state fire districts.
- 10. One physician who is licensed pursuant to title 32, chapter 13 or 17 and who specializes in trauma surgery.
- 11. One representative of a prehospital emergency medical training program.
 - 12. Six public members.
 - 13. One representative of a volunteer medical rescue program.
- B. Public members of the council are eligible to receive compensation pursuant to section 38-611.
 - C. This section is repealed from and after January 1, 2020.
- Sec. 8. Section 36-2203.01, Arizona Revised Statutes, is amended to read:

36-2203.01. Medical direction commission; membership; duties

- A. The medical direction commission is established consisting of the following twelve members:
- 1. The medical director of THE emergency medical services AND TRAUMA SYSTEM in the department of health services who shall serve as chairman.
- 2. The four emergency physicians who serve on the emergency medical services council pursuant to section 36-2203, subsection A, paragraph 2.
- 3. One physician who specializes in toxicology and who has a demonstrated interest or expertise in emergency medical services systems.

- 13 -

- 4. One full-time faculty representative of an emergency medicine residency program approved by a residency review commission.
- 5. One physician who specializes in trauma surgery and who has a demonstrated interest or expertise in emergency medical services systems.
- 6. One emergency physician who has a full-time practice based in a rural area.
- 7. One physician who specializes in severe acute head injury treatment or spinal cord care and who has a demonstrated interest or expertise in emergency medical services systems.
- 8. One physician specializing WHO SPECIALIZES in pediatric medicine AND who has a demonstrated interest or expertise in emergency medical services systems.
- 9. One physician who specializes in cardiac care and who has a demonstrated interest or expertise in emergency medical services systems.
- B. The governor shall make all appointments of members designated pursuant to subsection A, paragraphs 3 through 9 of this section. The governor may accept recommendations for the appointment of commission members from the following organizations:
- 1. The Arizona chapter of the American college of emergency physicians.
 - 2. The Arizona chapter of the American college of surgeons.
 - 3. The Arizona chapter of the American college of pediatrics.
 - 4. The Arizona chapter of the American college of physicians.
- C. The commission shall assist the director in developing medical protocols governing the medical treatments, procedures, medications, training and techniques that may be administered or performed by each $\frac{\text{class}}{\text{CLASSIFICATION}}$ of emergency medical CARE technicians pursuant to section 36-2205.
 - D. Members of the commission serve three year terms.
- E. Members of the commission are not entitled to compensation but are entitled to reimbursement of expenses pursuant to title 38, chapter 4, article 2.
 - Sec. 9. Section 36-2204, Arizona Revised Statutes, is amended to read: 36-2204. Medical control

The medical director of THE emergency medical services and TRAUMA SYSTEM, the emergency medical services council AND THE MEDICAL DIRECTION COMMISSION shall recommend to the director the following standards and criteria that pertain to the quality of emergency patient care:

- 1. Statewide standardized training, certification and recertification standards for all classifications of emergency medical CARE technicians.
- 2. A standardized and validated testing procedure for all classifications of emergency medical CARE technicians.
- 3. Medical standards for certification and recertification of training programs for all classifications of emergency medical CARE technicians.

- 14 -

- 4. Standardized continuing education criteria for all classifications of emergency medical CARE technicians.
- 5. Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any level CLASSIFICATION of emergency medical CARE technicians who are required to be under medical control or medical direction.
- 6. Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of emergency medical CARE technicians, emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any level CLASSIFICATION of emergency medical CARE technicians who are required to be under medical control or medical direction.
- 7. Objective criteria and mechanisms for decertification of all classifications of emergency medical CARE technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of physicians providing medical control or medical direction for any level CLASSIFICATION of emergency CARE technicians who are required to be under medical control or medical direction.
- 8. Medical standards for nonphysician $\frac{pre-hospital}{pre-hospital}$ PREHOSPITAL treatment and $\frac{pre-hospital}{pre-hospital}$ PREHOSPITAL triage of patients requiring emergency medical services.
- 9. Standards for emergency medical dispatcher training, including prearrival instructions. For the purposes of this paragraph, "emergency medical dispatch" means the receipt of calls requesting emergency medical services and the response of appropriate resources to the appropriate location.
- 10. Standards for a quality assurance process for components of the emergency medical services system, including standards for maintaining the confidentiality of the information considered in the course of quality assurance and the records of the activities of quality assurance process pursuant to section 36-2401.
- 11. Standards for ambulance service and medical transportation that give consideration to the differences between urban, rural and wilderness areas.
- 12. Standards to allow an ambulance to transport a patient to a health care institution that is licensed as a special hospital and that is physically connected to an emergency receiving facility.
- Sec. 10. Section 36-2204.01, Arizona Revised Statutes, is amended to read:

36-2204.01. <u>Emergency medical services providers; centralized</u> medical direction communications center

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

- 15 -

Sec. 11. Section 36-2204.02, Arizona Revised Statutes, is amended to read:

36-2204.02. Emergency medical services providers: investigations

- A. In lieu of the requirements of section 36-2211, the director may authorize an ambulance service or emergency medical services provider to investigate, discipline or determine the fitness of an employee to continue to provide patient care. This authority does not apply to the conviction of, a plea of guilty or no contest to or admission in a court proceeding to the elements of a felony. The employer listed on the emergency medical CARE technician's or ambulance attendant's certification or recertification application may limit the practice of the emergency medical CARE technician or ambulance attendant during the investigation if the employer meets all of the following requirements:
- 1. Has separate investigative or supervisory staff to conduct an investigation.
 - 2. Has an employee assistance program for counseling.
- 3. Has policies and procedures for drug testing through urinalysis or other generally accepted methods.
- 4. Has policies and procedures for monitoring of personnel who are suspected of or who have been convicted of substance abuse.
- B. An ambulance service or emergency medical services provider that conducts its own disciplinary investigations pursuant to subsection A of this section shall report the following to the medical director of THE emergency medical services AND TRAUMA SYSTEM:
 - 1. The nature of the allegation.
- 2. The level of patient care being delivered by the employee and the supervision of the employee during the investigation or rehabilitative period, or both.
- 3. The final outcome of the investigation and the final recommendation on the employee's certification status.
- C. The decisions of the employer are appealable under the employers EMPLOYER'S personnel policies and procedures. EXCEPT AS PROVIDED IN SECTION 41-1092.08, SUBSECTION H, the FINAL ADMINISTRATIVE decisions of the director are subject to further judicial review pursuant to title 41, chapter 6, article 10 TITLE 12, CHAPTER 7, ARTICLE 6.
- Sec. 12. Section 36-2205, Arizona Revised Statutes, is amended to read:

36-2205. <u>Permitted treatment and medication; certification</u> requirement; protocols

A. The director, in consultation with the medical director of THE emergency medical services AND TRAUMA SYSTEM, the emergency medical services council and the medical direction commission, shall establish protocols, which may include training criteria, governing the medical treatments, procedures, medications and techniques which THAT may be administered or

- 16 -

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.

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

 \mathbb{C} . B. The protocols adopted by the director pursuant to this section are exempt from title 41, chapter 6.

 $^{\rm D.}$ C. Notwithstanding subsection $^{\rm C-}$ B of this section, a person may petition the director, pursuant to section 41–1033, to amend a protocol adopted by the director.

E. D. In consultation with the medical director of THE emergency medical services AND TRAUMA SYSTEM, the emergency medical services council and the medical direction commission, the director of the department of health services shall establish protocols for emergency medical providers to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The 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.

F. E. The protocols established pursuant to subsection $\stackrel{\longleftarrow}{\leftarrow}$ D of this section shall include triage and treatment protocols that allow all $\stackrel{\longleftarrow}{\text{classes}}$ 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:

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

2. Provide a list of alternative sites available to deliver care. Sec. 13. Section 36-2206, Arizona Revised Statutes, is amended to read:

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

- 17 -

medical CARE technicians at the scene of an emergency $\frac{\text{shall}}{\text{IS}}$ not $\frac{\text{be}}{\text{be}}$ liable for any civil damages as a result of issuing $\frac{\text{such}}{\text{Such}}$ 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.

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

36-2208. Bureau of emergency medical services and trauma system

- A. There is established within the department a division BUREAU of emergency medical services which AND TRAUMA SYSTEM THAT is responsible for coordinating, establishing and administering a statewide system of emergency medical services, trauma care and a trauma registry.
- B. This chapter shall DOES not be construed to prevent any individual, law enforcement officer, public agency or member of a city, town, fire district or volunteer fire department from rendering on-site emergency 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 emergency medical patients to a hospital or an emergency receiving facility, except that if any patient objects on religious grounds, such THAT patient shall not be administered any medical treatment or be transported to a 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.
- Sec. 15. Section 36-2209, Arizona Revised Statutes, is amended to read:

36-2209. Powers and duties of the director

- A. The director shall:
- 1. Appoint, AND define the duties and prescribe the terms and conditions of employment of all employees of the division BUREAU.

- 18 -

- 2. Adopt rules necessary for the operation of the division BUREAU and for carrying out the purposes of this chapter.
- 3. Cooperate with and assist the personnel of emergency receiving facilities and other health care institutions in preparing a plan to be followed by $\frac{1}{2}$ THESE facilities and institutions in the event of a major disaster.
- 4. Cooperate with the state director of emergency management when a state of emergency or a state of war emergency has been declared by the governor.
 - B. The director may:
- 1. Request the cooperation of utilities, communications media and public and private agencies to aid and assist in the implementation and maintenance of a statewide emergency medical services system.
- 2. 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.
- 3. Enter into contracts and agreements for the acquisition and purchase of any equipment, tools, supplies, materials and services necessary 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 such 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.
- 6. Establish an emergency medical services notification system which utilizes THAT USES existing telephone communications networks.
- 7. Contract with private telephone companies for the establishment of 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.
- Sec. 16. Section 36-2210, Arizona Revised Statutes, is amended to read:

36-2210. Local emergency medical services coordinating systems

The department shall contract with a local emergency medical services coordinating system $\frac{\text{which}}{\text{THAT}}$:

- 1. 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.

- 19 -

- 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.
- 4. Offers emergency medical programs for the effective and coordinated delivery of emergency health care MEDICAL services if authorized by its governing board.
- Sec. 17. Section 36-2211, Arizona Revised Statutes, is amended to read:

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36-2211. Grounds for censure, probation, suspension or revocation of emergency medical technician certificate; proceedings; civil penalty; judicial review
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- 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:
 - 1. Unprofessional conduct.
- 2. Conviction of, a plea of guilty or no contest to or admission in a court proceeding to the elements of a felony or of a misdemeanor involving moral turpitude during the time that a person is certified as an emergency medical CARE technician. The record of conviction or a copy of $\frac{\text{such}}{\text{such}}$ THE record certified by the clerk of the court or by the judge by whom the person was sentenced is conclusive evidence of $\frac{\text{such}}{\text{such}}$ conviction.
- 3. Physical or mental incompetence to provide emergency medical 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 $\frac{1}{2}$
- 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.
- 7. The wilful violation of this chapter or the rules adopted pursuant 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

- 20 -

the information in good faith is not subject to liability for civil damages as a result.

- c. If, in the opinion of the medical director of THE emergency medical services AND TRAUMA SYSTEM, it appears the information is or may be true, the medical director of emergency medical services shall request an informal interview with the emergency medical CARE technician. The interview shall be requested by the medical director of emergency medical services in writing, stating the reasons for the interview and setting a date not less than ten 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 that cause exists for censure or probation or the suspension or revocation of the certificate the medical director 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 section. The request for an interview shall also state 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.
- 2. 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 suspension or revocation of a certificate but does warrant censure or probation, the medical director of emergency medical services may do either of the following:
 - (a) Issue a decree of censure.
- (b) Fix such A period and terms of probation best adapted to protect the public health and safety and rehabilitate and educate the emergency medical CARE technician. Failure to comply with any probation is cause for filing a complaint and holding a formal hearing as provided in paragraph 3 of this subsection.
- 3. If the medical director of emergency medical services finds that the evidence obtained pursuant to subsections B and C of this section warrants suspension or revocation of a certificate issued under this article, or if the emergency medical CARE technician under investigation refuses to attend the informal interview authorized in subsection C of this section, a complaint shall be issued and formal proceedings shall be initiated. All proceedings pursuant to this paragraph shall be conducted in accordance with PURSUANT TO title 41, chapter 6, article 10.

- 21 -

- 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.
- F. In addition to other disciplinary action provided pursuant to this section, the medical director of THE emergency medical services AND TRAUMA 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 section not to exceed twenty-five hundred dollars. Each day that cause for discipline exists constitutes a separate offense. All monies collected pursuant to this subsection shall be deposited, pursuant to sections 35-146 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.
- Sec. 18. Section 36-2220, Arizona Revised Statutes, is amended to read:

36-2220. Records; confidentiality; definition

- 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:
- 1. Any patient record, including clinical records, prehospital care records, medical reports, laboratory statements and reports, any file, film, record or report or oral statement relating to diagnostic findings, treatment or outcome of patients, whether written or recorded, and any information from which a patient, the patient's family or the patient's health care provider or facility might be identified except records, files and information $\frac{1}{2}$ be ARE available to the patient, the patient's guardian or the patient's agent.
- 2. Information obtained and data collected for purposes of chapter 25 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.
- C. Notwithstanding subsection B of this section, a prehospital incident history report completed and kept by a nonhospital political subdivision of this state is available to the public except for information in that report that is protected from disclosure by the laws of this state or

- 22 -

federal law, including but not limited to confidential patient treatment information.

- D. Patient records and medical records covered by this section may be obtained pursuant to section 12-2294.01.
- E. 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. The results of the investigation and the decision of the department are available to the public after the investigation is completed 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.
- Sec. 19. Section 36-2222, Arizona Revised Statutes, is amended to read:

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

- A. The trauma advisory board is established and consists of the following members:
- 1. The medical director of the bureau of THE emergency medical services AND TRAUMA SYSTEM who shall chair the board.
- 2. The director of the department of public safety or the director's designee.
- 3. Four members representing the four regional emergency medical services coordinating councils.
 - 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.
 - A representative from a statewide fire district association.
 - 7. A representative from a statewide hospital association.
- 8. A representative from a federal Indian health services organization.
- 9. A representative from a national organization of emergency physicians that is a recognized, authoritative body representing national emergency medicine standards.
 - 10. A representative from a national association of retired persons.
 - 11. A representative from a statewide rehabilitation facility.
- 12. A representative from an urban advanced life support base hospital that is not a trauma center.
- 13. A representative from a rural advanced life support base hospital that is not a trauma center.
 - 14. A representative from a statewide ambulance association.

- 23 -

- 15. A representative from a fire department in a county with a population of five hundred thousand persons or more according to the most recent United States decennial census.
 - 16. A representative of a tribal health organization.
 - 17. A representative from a statewide neurosurgical society.
 - 18. A representative from a statewide pediatric organization.
 - 19. A representative from a society of trauma nurses.
 - 20. A representative from a national association of orthopedic trauma.
- B. Except for board members who serve under subsection A, paragraphs 1 and 2 of this section, board members are appointed by the director and serve staggered three year terms.
- C. The director shall accept recommendations for appointment of board members from organizations representing consumers, insurers and governmental agencies that have an interest in the development of a statewide trauma system, including statewide chapters of a national trauma society, a national emergency medical nurses association, a medical association and an aeromedical association. Wherever appropriate to the entity being represented, the director shall consider qualified licensed physicians with experience in trauma care in anesthesia, emergency medicine, neurosurgery, orthopedics and pediatrics, and licensed nurses with experience in prehospital emergency care or trauma care.
- D. Board members are not eligible to receive compensation but are eligible for reimbursement of expenses under title 38, chapter 4, article 2.
 - E. The board shall:
- 1. Make recommendations on the initial and long-term processes for the verification and designation of trauma center levels, including the evaluation of trauma center criteria.
- 2. Make recommendations on the development and implementation of comprehensive regional emergency medical services and trauma system plans.
- 3. Make recommendations on the state emergency medical services and trauma system quality improvement processes, including the state trauma registry.
- 4. Submit a report to the director on or before October 1 of each year regarding the board's accomplishments and recommendations.
- F. The chairperson may appoint subcommittees to assist the board in meeting the requirements of subsection ${\sf E}$ of this section.
- Sec. 20. Section 36-2227, Arizona Revised Statutes, is amended to read:

36-2227. <u>Informal interviews; request for information; nondissemination; violation; classification</u>

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

- 24 -

least ten business days before that interview that $\frac{1}{1}$ THE DEPARTMENT provide the following before the interview:

- 1. Except as provided pursuant to section 41-1010, the name of the person making the complaint.
- 2. Except as prohibited by state and federal privacy or confidentiality laws, any documents received by the department, in any format or medium, that are relevant to the investigation, including:
- (a) Records obtained by the department from first responders, emergency medical CARE technicians or other health care providers.
 - (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.
- C. A person who receives information pursuant to subsection A of this section may not copy, share or otherwise disseminate that information except as needed to participate in the informal interview or in an administrative proceeding or appeal arising from the investigation. A person who violates this subsection is guilty of a class 3 misdemeanor.
- Sec. 21. Section 36-2232, Arizona Revised Statutes, is amended to read:

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

- 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:
- 1. Determine, fix, alter and regulate just, reasonable and sufficient rates and charges for the provision of ambulances, including rates and charges for advanced life support service, basic life support service, patient loaded mileage, standby waiting, subscription service contracts and other contracts for services related to the provision of ambulances. The director may establish a rate and charge structure as defined by federal medicare guidelines for ambulance services. The director shall inform all ambulance services of the procedures and methodology used to determine 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.
- 3. Determine, fix, alter and regulate bases of operation. The director may issue a certificate of necessity to more than one ambulance

- 25 -

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. Issue, amend, transfer, suspend or revoke certificates of necessity 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.
- 6. Require the filing of an annual financial report and other data. These rules shall require an ambulance service to file the report with the department not later than one hundred eighty days after the completion of its annual accounting period.
- 7. Regulate ambulance services in all matters affecting services to the public to the end that $\frac{\text{the provisions of}}{\text{this article may be fully carried out.}}$
- 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.
- 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.
 - C. An ambulance service shall:
- 1. Maintain, establish, add, move or delete suboperation stations within its base of operation to assure ENSURE that the ambulance service meets the established response times or those approved by the director in a political subdivision contract.
- 2. Determine the operating hours of its suboperation stations to provide for coverage of its base of operation.
- 3. Provide the department with a list of suboperation station locations.

- 26 -

- 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.
 - D. At any time the director or the director's agents may:
- 1. Inquire into the operation of an ambulance service, including a person operating an ambulance that has not been issued a certificate of registration or a person who does not have or is operating outside of a certificate of necessity.
- 2. Conduct on-site inspections of facilities, communications equipment, vehicles, procedures, materials and equipment.
 - 3. Review the qualifications 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 services AND TRAUMA SYSTEM, the emergency medical services council and the medical direction commission, the director of the department of health services shall establish protocols for ambulance services to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols 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:
- 1. refer and advise a patient or transport a patient to the most appropriate health care institution as defined by IN section 36-401 based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols.
 - 2. Provide a list of alternative sites available to deliver care.
- G. The director, when reviewing an ambulance service's response time compliance with its certificate of necessity, shall consider in addition to other factors the effect of hospital diversion, delayed emergency department admission and the number of ambulances engaged in response or transport in the affected area.
- Sec. 22. Section 36-2244, Arizona Revised Statutes, is amended to read:

36-2244. <u>Legal action for enforcement</u>

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

- 27 -

Sec. 23. Section 36-2245, Arizona Revised Statutes, is amended to read:

36-2245. <u>Investigations: dispute resolution: informal interviews: hearings: stipulations: judicial review: civil penalty</u>

- A. The department may conduct an investigation into the operation of ambulances and ambulance services.
 - B. Proceedings under this section may be initiated by the department.
- C. If the department receives a written and signed statement of dissatisfaction or dispute of charges or any matter relating to the regulation of ambulance services, the customer is deemed to have filed an informal complaint against the ambulance service. Within fifteen days of receipt of the complaint, a designated representative of the department shall inform the ambulance service that an informal complaint has been filed, state the nature of the allegations made, specify the purported rule violation and identify specific records relating to the purported rule violation that the ambulance service shall provide to the department. The ambulance service 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.
- E. If the department determines that a complaint filed pursuant to this section is nonsubstantive, it shall render a written decision to all parties within five days of that determination. The complainant may make a formal complaint to the department if the complainant disagrees with the department's decision. If the nonsubstantive complaint involves rates and charges, a designated representative of the department shall attempt to resolve the dispute by correspondence or telephone with the ambulance service 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.

- 28 -

- 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 section, the director may impose a civil penalty of not more than three hundred fifty dollars for each violation of this chapter that constitutes grounds to suspend or revoke a certificate of necessity. This penalty shall not exceed fifteen thousand dollars. Each day that a violation occurs constitutes a separate offense. The director shall deposit, pursuant to sections 35-146 and 35-147, all monies collected under this subsection in the emergency medical services operating fund established under section 36-2218.
- K. The director may suspend a certificate of necessity without holding a hearing if the director determines that the certificate holder has failed to pay a civil penalty imposed under this section. The director shall reinstate the certificate of necessity when the certificate holder pays the penalty in full.
- L. Except as provided in section 41-1092.08, subsection H, a final decision of the department pursuant to this section is subject to judicial 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.
- Sec. 24. Section 36-2264, Arizona Revised Statutes, is amended to read:

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 $\frac{\text{fire fighter}}{\text{FIREFIGHTER}}$, emergency medical CARE technician or $\frac{\text{paramedic}}{\text{paramedic}}$ AMBULANCE ATTENDANT by a public or private fire department or an ambulance service regulated by $\frac{\text{title 36}}{\text{Chapter 21.1}}$, is exempt from the requirements of this article.
- Sec. 25. Section 41-1005, Arizona Revised Statutes, is amended to read:

41-1005. Exemptions

A. This chapter does not apply to any:

- 29 -

- 1. Rule that relates to the use of public works, including streets and highways, under the jurisdiction of an agency if the effect of the order is indicated to the public by means of signs or signals.
- 2. Order of the Arizona game and fish commission that opens, closes or alters seasons or establishes bag or possession limits for wildlife.
- 3. Rule relating to section 28-641 or to any rule regulating motor vehicle operation that relates to speed, parking, standing, stopping or passing enacted pursuant to title 28, chapter 3.
- 4. Rule concerning only the internal management of an agency that does not directly and substantially affect the procedural or substantive rights or duties of any segment of the public.
- 5. Rule that only establishes specific prices to be charged for particular goods or services sold by an agency.
- 6. Rule concerning only the physical servicing, maintenance or care of agency owned or operated facilities or property.
- 7. Rule or substantive policy statement concerning inmates or committed youths of a correctional or detention facility in secure custody or patients admitted to a hospital, if made by the state department of corrections, the department of juvenile corrections, the board of executive clemency or the department of health services or a facility or hospital under the jurisdiction of the state department of corrections, the department of juvenile corrections or the department of health services.
- 8. Form whose contents or substantive requirements are prescribed by rule or statute, and instructions for the execution or use of the form.
- 9. Capped fee-for-service schedule adopted by the Arizona health care cost containment system administration pursuant to title 36, chapter 29.
 - 10. Fees prescribed by section 6-125.
- 11. Order of the director of water resources adopting or modifying a management plan pursuant to title 45, chapter 2, article 9.
 - 12. Fees established under section 3-1086.
- 13. Fee-for-service schedule adopted by the department of economic security pursuant to section 8-512.
 - 14. Fees established under sections 41-2144 and 41-2189.
 - 15. Rule or other matter relating to agency contracts.
 - 16. Fees established under section 32-2067 or 32-2132.
 - 17. Rules made pursuant to section 5-111, subsection A.
- 18. Rules made by the Arizona state parks board concerning the operation of the Tonto natural bridge state park, the facilities located in the Tonto natural bridge state park and the entrance fees to the Tonto natural bridge state park.
 - 19. Fees or charges established under section 41-511.05.
- 20. Emergency medical services protocols except as provided in section 36-2205, subsection \leftarrow B.
 - 21. Fee schedules established pursuant to section 36-3409.

- 30 -

- 22. Procedures of the state transportation board as prescribed in section 28-7048.
 - 23. Rules made by the state department of corrections.
 - 24. Fees prescribed pursuant to section 32-1527.
- 25. Rules made by the department of economic security pursuant to section 46-805.
 - 26. Schedule of fees prescribed by section 23-908.
- 27. Procedure that is established pursuant to title 23, chapter 6, article 5 or 6.
- 28. Rules, administrative policies, procedures and guidelines adopted for any purpose by the Arizona commerce authority pursuant to chapter 10 of this title if the authority provides, as appropriate under the circumstances, for notice of an opportunity for comment on the proposed rules, administrative policies, procedures and guidelines.
- 29. Rules made by a marketing commission or marketing committee 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.
- C. Coincident with the making of a rule pursuant to an exemption under this section, the agency shall file a copy of the rule with the secretary of 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.
- F. Unless otherwise required by law, articles 2, 3, 4 and 5 of this chapter do not apply to the state board of education, except that the state board of education shall adopt 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 for adoption. In order to implement or change any rule, the state board of education shall provide at least two opportunities for public comment.

- 31 -

Sec. 26. Section 41-1831, Arizona Revised Statutes, is amended to read:

41-1831. Definitions

In this chapter, unless the context otherwise requires:

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

- 32 -

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

- A. A district, or an employee of a district, organized pursuant to 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 owner, its officers or employees or a tenant, when rendering emergency medical aid provided by an emergency medical CARE technician, an intermediate 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 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 result of any act or failure to act to provide or arrange for further medical treatment or care for the sick or injured person. This subsection does not apply if the person providing emergency medical aid is guilty of gross negligence or intentional misconduct. The immunity provided for in this subsection does not extend to an emergency medical CARE technician, an intermediate emergency medical technician or a paramedic while operating a motor vehicle.
- B. A district, or an employee of a district, organized pursuant to this chapter, if requested by a public body to assist at a traffic accident on a public right-of-way or to render emergency aid at an emergency occurrence outside the boundaries of such district is not liable for any civil or other damages as a result of any act or omission by the district or an employee of the district at the traffic accident, while rendering emergency care or as the result of any act or a failure to act to provide or arrange for further medical treatment or care for an injured person. This subsection does not apply if the district or an employee of the district, while providing assistance or rendering such emergency care or acting or failing to act to provide such further medical treatment or care, is guilty 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.

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

- 33 -

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7

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

Sec. 29. Exemption from rule making

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.

- 34 -