

House Bill 536

By: Representatives Kelley of the 16th and Brockway of the 102nd

A BILL TO BE ENTITLED
AN ACT

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

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency
10 medical services, is amended by revising Code Section 31-11-53, relating to services which
11 may be rendered by certified emergency medical technicians and trainees, as follows:
12 "31-11-53.

13 (a) Upon certification by the department, emergency medical technicians may do any of
14 the following:

15 (1) Render first-aid and resuscitation services as taught in the United States Department
16 of Transportation basic training courses for emergency medical technicians or an
17 equivalent course approved by the department; and

18 (2) Upon the order of a duly licensed physician, administer approved intravenous
19 solutions parenteral injections and opioid antagonists.

20 (a.1)(1) Upon certification by the department, emergency medical technicians -
21 intermediate and advanced emergency medical technicians may, upon the order of a duly
22 licensed physician, administer intravenous solutions.

23 (2) As used in this subsection, the term:

24 (A) 'Advanced emergency medical technician' means a person who has been certified
25 by the department as having the cognitive knowledge and a scope of practice that
26 corresponds to that level in the National Emergency Medical Services Education

Standards and the National Emergency Medical Services Scope of Practice Model as established by the National Highway Traffic Safety Administration's Office of Emergency Medical Services.

(B) 'Emergency medical technician - intermediate' means a person who has been certified by the department, prior to March 31, 2013, as having the cognitive knowledge and a scope of practice that corresponds to that level in the National Emergency Medical Services Education Standards and the National Emergency Medical Services Scope of Practice Model as established by the National Highway Traffic Safety Administration's Office of Emergency Medical Services.

(b) While in training preparatory to becoming certified, emergency medical technician trainees may perform any of the functions specified in this Code section under the direct supervision of a duly licensed physician or a registered nurse."

SECTION 2.

Said chapter is further amended by revising Code Section 31-11-53.1, relating to automated external defibrillator program, as follows:

"31-11-53.1.

(a) As used in this Code section, the term:

(1) 'Automated external defibrillator' means a defibrillator which:

(A) Is capable of cardiac rhythm analysis;

(B) Will charge and be capable of being activated to deliver a countershock after electrically detecting the presence of certain cardiac dysrhythmias; and

(C) Is capable of continuous recording of the cardiac dysrhythmia at the scene with a mechanism for transfer and storage or for printing for review subsequent to use.

(2) 'Defibrillation' means to terminate ventricular fibrillation.

(3) 'First responder' means any person or agency who provides on-site care until the arrival of a duly licensed ambulance service. This shall include, but not be limited to, persons who routinely respond to calls for assistance through an affiliation with law enforcement agencies, fire suppression agencies, rescue agencies, and others.

(b) It is the intent of the General Assembly that an automated external defibrillator may be used by any person for the purpose of saving the life of another person in cardiac arrest.

~~In order to ensure public health and safety:~~

(1) It is recommended that all persons who have access to or use an automated external defibrillator obtain appropriate training as set forth in the rules and regulations of the Department of Public Health. It is further recommended that such training include at a minimum the successful completion of:

- 62 (A) A nationally recognized health care provider/professional rescuer level
63 cardiopulmonary resuscitation course; and
64 (B) A department established or approved course which includes demonstrated
65 proficiency in the use of an automated external defibrillator;
66 (2) All persons and agencies possessing and maintaining an automated external
67 defibrillator shall notify the appropriate emergency medical services system of the
68 existence and location of the automated external defibrillator prior to said defibrillator
69 being placed in use;
70 (3) All It is further the intent of the General Assembly that all persons who use an
71 automated external defibrillator shall activate the emergency medical services system as
72 soon as reasonably possible by calling 9-1-1 or the appropriate emergency telephone
73 number upon use of the automated external defibrillator; and
74 (4) Within a reasonable period of time, all persons who use an automated external
75 defibrillator shall make available a printed or electronically stored report to the licensed
76 emergency medical services provider which transports the patient.
77 (c) All persons who provide instruction to others in the use of the automated external
78 defibrillator shall have completed an instructor course established or approved by the
79 department.
80 (d) The department shall establish an automated external defibrillator program for use by
81 emergency medical technicians. Such program shall be subject to the direct supervision
82 of a medical adviser approved under Code Section 31-11-50. No emergency medical
83 technician shall be authorized to use an automated external defibrillator to defibrillate a
84 person unless that defibrillator is a properly maintained automated external defibrillator and
85 that emergency medical technician:
86 (1) Submits to and has approved by the department an application for such use, and in
87 considering that application the department may obtain and use the recommendation of
88 the local coordinating entity for the health district in which the applicant will use such
89 defibrillator;
90 (2) Successfully completes an automated external defibrillator training program
91 established or approved by the department;
92 (3) Is subject to protocols requiring that both the emergency physician who receives a
93 patient defibrillated by that emergency medical technician and the medical adviser for the
94 defibrillator program review the department required prehospital care report and any
95 other documentation of the defibrillation of any person by that emergency medical
96 technician and send a written report of such review to the district EMS medical director
97 of the health district in which the defibrillation occurred; and

(4) Obtains a passing score on an annual automated external defibrillator proficiency exam given in connection with that program.

(e) It shall not be necessary for a licensed emergency medical service, licensed neonatal transport service, or other services licensed by the department which provide care administered by cardiac technicians or paramedics to obtain department approval for the use of an automated external defibrillator on licensed vehicles.

(f) Any emergency medical technician who violates the provisions of this Code section shall be subject to having revoked by the department that person's authority to use an automated external defibrillator. Such a violation shall also be grounds for any entity which issues a license or certificate authorizing such emergency medical technician to perform emergency medical services to take disciplinary action against such person, including but not limited to suspension or revocation of that license or certificate. Such a violation shall also be grounds for the employer of such emergency medical technician to impose any sanction available thereto, including but not limited to dismissal.

(g)(c) Any first responder who gratuitously and in good faith renders emergency care or treatment by the use of or provision of an automated external defibrillator, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts without gross negligence or intent to harm or as an ordinary reasonably prudent person would have acted under the same or similar circumstances, even if such individual does so without benefit of the appropriate training. This provision includes paid persons who extend care or treatment without expectation of remuneration from the patient or victim for receiving the defibrillation care or treatment."

SECTION 3.

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

"31-11-60.1.

(a) As used in this Code section, the term:

(1) 'Ambulance service medical director' means a physician licensed to practice in this state and subject to the approval of the local coordinating entity and the department who has agreed, in writing, to provide medical direction to a specific ambulance service.

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

(3)(2) 'District emergency medical services medical director' means a person who is:

(A) A physician licensed to practice medicine in this state;

134 (B) Familiar with the design and operation of prehospital emergency services systems;
135 (C) Experienced in the prehospital emergency care of acutely ill or injured patients;
136 and
137 (D) Experienced in the administrative processes affecting regional and state prehospital
138 emergency medical services systems.

139 ~~(4)~~(3) 'Emergency medical services personnel' means any emergency medical technician,
140 paramedic, cardiac technician, or designated first responder who is certified under this
141 article.

142 (b) The department and the district emergency medical services medical directors shall
143 develop and implement a program to ensure appropriate physician control over the
144 rendering of emergency medical services by emergency medical services personnel to
145 patients who are not in a hospital, which program shall include but not be limited to the
146 following:

147 (1) Medical protocols regarding permissible and appropriate emergency medical services
148 which may be rendered by emergency medical services personnel to a patient not in a
149 hospital;

150 (2) Communication protocols regarding which medical situations require direct voice
151 communication between emergency medical services personnel and a physician or a
152 nurse or a paramedic or a physician assistant in direct communication with a physician
153 prior to those emergency medical services personnel's rendering specified emergency
154 medical services to a patient not in a hospital; and

155 (3) Record-keeping and accountability requirements for emergency medical services
156 personnel ~~and base station facility personnel~~ in order to monitor compliance with this
157 subsection; and

158 ~~(4) Base station facility standards.~~

159 (c) The ambulance service medical director shall serve as the medical authority for the
160 ambulance service, performing liaison activities with the medical community, medical
161 facilities, and governmental agencies. The ambulance service medical director shall be
162 responsible for the provision of medical direction and training for the emergency medical
163 services personnel within the ambulance service for which he or she is responsible in
164 conformance with acceptable emergency medical practices and procedures. These
165 responsibilities shall include the duties set forth in the department's rules and regulations
166 for ambulance services.

167 (d) The district emergency medical services medical director shall not override those
168 policies or protocols of the ambulance service medical director if that ambulance service
169 medical director is documenting compliance with the department's rules and regulations
170 for ambulance services.

171 (e) Every base station facility shall comply with the policies, protocols, requirements, and
172 standards provided for in subsection (b) of this Code section.

173 (f)(e) All emergency medical services personnel shall comply with appropriate policies,
174 protocols, requirements, and standards of the ambulance service medical director for that
175 service or the policies, protocols, requirements, and standards provided for in subsection
176 (b) of this Code section.

177 (g)(f) Conduct which would otherwise constitute a violation of subsection (f)(e) of this
178 Code section shall not be such a violation if such conduct was carried out by any
179 emergency medical services personnel pursuant to an order from a physician, the
180 ambulance service medical director for such person, or the protocol of that ambulance
181 service as approved by the ambulance service medical director for such person.

182 (h) Violation by any base station facility of subsection (e) of this Code section may be
183 grounds for the removal of that base station facility's designation by the department.

184 (i) Enforcement of subsections (g) and (h) of this Code section shall commence no earlier
185 than 12 months after July 1, 1989."

186 **SECTION 4.**

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