

Senate Bill 16

By: Senators Albers of the 56th, Hufstetler of the 52nd, Still of the 48th, Kirkpatrick of the 32nd, Brass of the 28th and others

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 amend provisions relative to the Emergency Medical
3 Systems Communications Program administered by the Department of Public Health; to
4 provide for legislative findings, determinations, and declarations; to authorize local entities
5 to establish boundaries for the provision of emergency medical services; to provide for
6 definitions; to provide for a short title; to provide for related matters; to provide for an
7 effective date; to repeal conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 This Act shall be known and may be cited as the "Georgia EMS Reform Act."

11 **SECTION 2.**

12 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency
13 medical services, is amended by revising Code Section 31-11-1, relating to findings and
14 declaration of policy, as follows:

15 "31-11-1.

16 (a) The General Assembly finds and determines:

17 (1) That the furnishing of emergency medical services is a matter of substantial
18 importance to the people of this state;

19 (2) That the cost and quality of emergency medical services are matters within the public
20 interest;

21 (3) That it is highly desirable for the state to participate in emergency medical systems
22 communications programs established pursuant to Public Law 93-154, entitled the
23 Emergency Medical Services Systems Act of 1973;

24 (4) That the administration of an emergency medical systems communications program
25 should be the responsibility of the Department of Public Health, acting upon the
26 recommendations of the local entity which coordinates the program; ~~all~~ ambulance
27 services shall be a part of this system even if this system is the 9-1-1 emergency
28 telephone number; provided, however, that local governing bodies capable of
29 coordinating ambulance services and related communications should be empowered to
30 do so;

31 (5) That an emergency medical systems communications program in a health district or
32 a service area established by local governing bodies through contract, memorandum of
33 understanding, or other appropriate instrument should be operated as economically and
34 efficiently as possible to serve the public welfare and, ~~to achieve this goal, should involve~~
35 ~~the designation of geographical territories to be serviced by participating ambulance~~
36 ~~providers and~~ should involve an economic and efficient procedure to distribute
37 emergency calls among participating ambulance providers serving the same health district
38 or locally established service area; and

39 (6) Any first responder falls under the department's rules and regulations governing
40 ambulances and can transport only in life-threatening situations or by orders of a licensed
41 physician or when a licensed ambulance cannot respond.

(b) The General Assembly therefore declares that, in the exercise of the sovereign powers of the state to safeguard and protect the public health and general well-being of its citizens, it is the public policy of this state to encourage, foster, and promote emergency medical systems communications programs ~~and that such programs shall be accomplished in a~~ manner that is coordinated, orderly, economical, and without unnecessary duplication of services and facilities. The General Assembly recognizes the importance of local control relating to the provision of timely and adequate emergency medical services to residents."

SECTION 3.

Said title is further amended in Code Section 31-11-2, relating to definitions relating to emergency medical services, by revising paragraphs (7) and (15) and adding a new paragraph to read as follows:

"(7) 'Emergency medical services system' means a system within territories designated by the department or in locally established service areas which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery ~~in an appropriate geographical area~~ of health care services under emergency conditions, occurring either as a result of the patient's condition or as a result of natural disasters or similar situations, and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system."

"(15) 'Local coordinating entity' means the public or nonprofit private entity designated by the Board of Public Health or its designee or local governing bodies of a locally established service area to administer and coordinate the EMSC Program in a health district established in accord with Code Section 31-3-15 or a locally established service area.

(15.1) 'Locally established service area' means an area established by local entities through contract, memorandum of understanding, or other appropriate instrument for the

68 provision of emergency medical services; provided, however, that the creation of which
69 has been approved by the department pursuant to Code Section 31-11-31."

70 **SECTION 4.**

71 Said title is further amended by revising Code Section 31-11-3, relating to recommendations
72 by local coordinating entity as to administration of EMSC Program and hearing and appeal,
73 as follows:

74 "31-11-3.

75 (a) The Board of Public Health shall have the authority on behalf of the state to designate
76 and contract with a public or nonprofit local entity to coordinate and administer the EMSC
77 Program for ~~each health district~~ the territories designated by the ~~Department of Public~~
78 ~~Health department~~. The local coordinating entity thus designated shall be responsible for
79 recommending to the board or its designee the manner in which the EMSC Program is to
80 be conducted. In making its recommendations, the local coordinating entity shall give
81 priority to making the EMSC Program function as efficiently and economically as possible.
82 Each licensed ambulance provider in the ~~health district~~ territories designated by the
83 department and the locally established service areas shall have the opportunity to
84 participate in the EMSC Program.

85 (b) The local coordinating entity shall request from each licensed ambulance provider in
86 its health district or locally established service area a written description of the territory in
87 which it can respond to emergency calls, based upon the provider's average response time
88 from its base location within such territory; and such written description shall be due within
89 ten days of the request by the local coordinating entity.

90 (c)(1) After receipt of the written descriptions of ~~territory in which~~ where the ambulance
91 providers propose to respond to emergency calls, the local coordinating entity shall
92 within ten days recommend in writing: to

(A) To the board or its designee, the territories within the health district to be serviced by the ambulance providers; and at this same time the local coordinating entity shall also recommend the and a recommended method for distributing emergency calls among the providers, based primarily on the considerations of economy, efficiency, and benefit to the public welfare; and

(B) To the governing bodies of any locally established service area, the ambulance providers authorized to provide service within the locally established service area and a recommended method for distributing emergency calls among the providers, based primarily on the considerations of economy, efficiency, and benefit to the public welfare.

(2) The recommendation recommendations of the local coordinating entity provided for in subparagraph (1)(A) of this subsection shall be forwarded immediately to the board or its designee for approval or modification of the territorial zones and method of distributing calls among ambulance providers participating in the EMSC Program in the health district.

(d) The board, or its designee, is empowered to conduct a hearing into the recommendations made by the local coordinating entity pursuant to subparagraph (c)(1)(A) of this Code Section, and such hearing shall be conducted according to the procedures set forth in Code Section 31-5-2.

(e) The recommendations of the local coordinating entity made pursuant to subparagraph (c)(1)(A) of this Code Section shall not be modified unless the board or its designee shall find, after a hearing, that the determination of the district health director is not consistent with operation of the EMSC Program in an efficient, economical manner that benefits the public welfare. The decision of the board or its designee shall be rendered as soon as possible and shall be final and conclusive concerning the operation of the EMSC Program; and appeal from such decision shall be pursuant to Code Section 31-5-3.

(f)(1) The local coordinating entity shall begin administering the EMSC Program in accord with the decision by the board or its designee immediately after the decision by the board or its designee regarding the approval or modification of the recommendations made by the local coordinating entity; and the EMSC Program shall be operated in such manner pending the resolution of any appeals filed pursuant to Code Section 31-5-3.

(2) The local coordinating entity shall begin administering the EMSC Program within a locally established service area upon approval or modification made by the governing bodies of any locally established service area.

(g) This Code section shall not apply to air ambulances or air ambulance services."

SECTION 5.

Said chapter is further amended by adding a new Code section to read as follows:

"31-11-3.1.

On and after January 1, 2024, any local governing body may elect to be removed from the territories designated by the department for service of emergency medical services pursuant to Code Section 31-11-3. At least two months prior to any such election, such local governing body shall submit to the local coordinating entity the geographic location to be removed, a proposed plan for providing adequate emergency medical services, and copies of any contract, memorandum of understanding, or other appropriate instrument executed between local governing bodies when the proposed locally established service area is to provide services to more than one local subdivision of this state. The local coordinating entity shall immediately forward the information required by this Code section to the department. The department shall approve within 30 days any proposal submitted pursuant to this Code section unless it is found that such proposal would harm the public welfare. Any denial by the department of a proposal submitted pursuant to this Code section shall be subject to hearing and review in accordance with Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.' The department shall modify the territorial zones and

145 method of distributing calls among ambulance providers participating in the EMSC
146 Program in any health district where a local service area has been approved."

147 **SECTION 6.**

148 Said title is further amended by revising Code Section 31-11-4, relating to supervision and
149 modifications of EMSC Program, as follows:

150 "31-11-4.

151 The board or its designee shall exercise continuing supervision over the operations of the
152 EMSC Program in ~~each~~ the areas of any health district outside of locally established
153 service areas and shall make all necessary modifications in accord with the procedures set
154 forth in Code Section 31-11-3."

155 **SECTION 7.**

156 Said title is further amended by revising Code Section 31-11-9, relating to enforcement and
157 inspections, as follows:

158 "31-11-9.

159 The department and its duly authorized agents are authorized to enforce compliance with
160 this chapter and rules and regulations promulgated under this chapter as provided in Article
161 1 of Chapter 5 of this title and, in connection therewith during the reasonable business
162 hours of the day, to enter upon and inspect in a reasonable manner the premises of persons
163 providing ambulance service. All inspections under this Code section shall be in
164 compliance with the provisions of Article 2 of Chapter 5 of this title. The department is
165 also authorized to enforce compliance with this chapter, including but not limited to
166 compliance with the EMSC Program and furnishing of emergency services within
167 designated territories outside the boundaries of any locally established service area, by
168 imposing fines in the same manner as provided in paragraph (6) of subsection (c) of Code

169 Section 31-2-8; this enforcement action shall be a contested case under Chapter 13 of Title
170 50, the 'Georgia Administrative Procedure Act.'"

171 **SECTION 8.**

172 Said title is further amended in Code Section 31-11-53.1, relating to automated external
173 defibrillator program, establishment, regulations, and liability, by revising subsection (d) as
174 follows:

175 "(d) The department shall establish an automated external defibrillator program for use by
176 emergency medical technicians. Such program shall be subject to the direct supervision
177 of a medical adviser approved under Code Section 31-11-50. No emergency medical
178 technician shall be authorized to use an automated external defibrillator to defibrillate a
179 person unless that defibrillator is a properly maintained automated external defibrillator and
180 that emergency medical technician:

181 (1) Submits to and has approved by the department an application for such use, ~~and in~~
182 ~~considering that application the department may obtain and use the recommendation of~~
183 ~~the local coordinating entity for the health district in which the applicant will use such~~
184 ~~defibrillator;~~

185 (2) Successfully completes an automated external defibrillator training program
186 established or approved by the department;

187 (3) Is subject to protocols requiring that both the emergency physician who receives a
188 patient defibrillated by that emergency medical technician and the medical adviser for the
189 defibrillator program review the department required prehospital care report and any
190 other documentation of the defibrillation of any person by that emergency medical
191 technician and send a written report of such review to the district EMS medical director
192 of the health district in which the defibrillation occurred; and

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

195 **SECTION 9.**

196 This Act shall become effective on January 1, 2024.

197 **SECTION 10.**

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