

House Bill 1446

By: Representatives Leverett of the 123<sup>rd</sup>, Rhodes of the 124<sup>th</sup>, Williamson of the 112<sup>th</sup>, Powell of the 33<sup>rd</sup>, and Gaines of the 120<sup>th</sup>

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 transfer responsibility for the oversight of emergency  
3 medical services from the Department of Public Health to the Georgia Emergency Medical  
4 Services and Trauma Council; to establish such council and provide for its membership,  
5 powers, and duties; to provide certain minimum requirements for such council in transacting  
6 business; to provide for the appointment of an executive director of such council; to provide  
7 for the establishment of emergency medical services regions; to transfer responsibility for  
8 designating and contracting with regional emergency medical services from the Board of  
9 Public Health to the Board of Community Health; to provide for rules and regulations; to  
10 provide for licensure of ambulance providers and emergency medical services personnel by  
11 the Georgia Emergency Medical Services and Trauma Council; to revise procedures for  
12 licensing and appeals related thereto; to transfer responsibility for designating and certifying  
13 stroke centers from the Department of Public Health to the Georgia Emergency Medical  
14 Services and Trauma Council; to transfer the Office of Cardiac Care and its employees to  
15 such council; to revise and provide for definitions; to provide for legislative findings; to  
16 update terminology and provide for conforming changes; to provide for construction; to  
17 amend various titles of the Official Code of Georgia Annotated, so as to make conforming

18 changes; to provide for related matters; to provide for effective dates; to repeal conflicting  
19 laws; and for other purposes.

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

21 **PART I**

22 *Emergency Medical Services Generally*

23 **SECTION 1-1.**

24 Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to emergency  
25 medical services, is amended by repealing Article 1, relating to general provisions, and  
26 enacting a new Article 1 to read as follows:

27 "ARTICLE 1

28 31-11-1.

29 (a) The General Assembly finds and determines that:

30 (1) The provision of emergency medical services is a matter of substantial importance  
31 to the people of this state;

32 (2) The cost and quality of emergency medical services are matters within the public  
33 interest;

34 (3) It is highly desirable for the state to participate in emergency medical systems  
35 communications programs established pursuant to Public Law 93-154, entitled the  
36 Emergency Medical Services Systems Act of 1973;

37 (4) The administration of an emergency medical systems communications program  
38 should be the responsibility of the Georgia Emergency Medical Services and Trauma  
39 Council, acting upon the recommendations of regional emergency medical services

40 advisory councils which coordinate the program; all ambulance services shall be a part  
41 of this system even if this system is the 9-1-1 emergency telephone number;

42 (5) An emergency medical systems communications program in each emergency medical  
43 services region should be operated as economically and efficiently as possible to serve  
44 the public welfare and, to achieve this goal, should involve the designation of  
45 geographical territories to be serviced by participating ambulance providers and should  
46 involve an economic and efficient procedure to distribute emergency calls among  
47 participating ambulance providers serving the same emergency medical services region;  
48 and

49 (6) First responders should fall under the Georgia Emergency Medical Services and  
50 Trauma Council's rules and regulations governing ambulances and should transport only  
51 in life-threatening situations or by orders of a licensed physician or in situations where  
52 an ambulance provider cannot respond.

53 (b) The General Assembly therefore declares that, in the exercise of the sovereign powers  
54 of the state to safeguard and protect the public health and general well-being of its citizens,  
55 it is the public policy of this state to encourage, foster, and promote emergency medical  
56 systems communications programs and that such programs shall be accomplished in a  
57 manner that is coordinated, orderly, economical, and without unnecessary duplication of  
58 services and facilities.

59 31-11-2.

60 As used in this chapter, the term:

61 (1) 'Air ambulance' means any rotary-wing aircraft used or intended to be used for hire  
62 for transportation of a patient who may need medical attention during transport.

63 (2) 'Air ambulance services' means the for-hire provision of emergency care and  
64 transportation by means of an air ambulance for a patient to or from a place where  
65 medical or hospital care is furnished.

66 (3) 'Ambulance' means a motor vehicle that is specially constructed and equipped or an  
67 air ambulance and is intended to be used for the emergency transportation of patients,  
68 including dual purpose police patrol cars and funeral coaches or hearses which otherwise  
69 comply with the provisions of this chapter.

70 (4) 'Ambulance attendant' means an individual responsible for the care of patients being  
71 transported in an ambulance.

72 (5) 'Ambulance provider' means an agency or entity providing ambulance services which  
73 has been duly licensed under this chapter by a predecessor agency prior to  
74 January 1, 2028, or by the council on or after such date.

75 (6) 'Ambulance services' means the provision of:

76 (A) Emergency care and transportation on the public streets and highways of this state  
77 for a wounded, injured, sick, invalid, or incapacitated human being to or from a place  
78 where medical or hospital care is furnished;

79 (B) Any air ambulance services;

80 (C) Transportation services by an emergency organ transport vehicle on the public  
81 streets and highways of this state for the transport of necessary personnel, organs,  
82 tissue, or medical supplies to a time-critical organ transplant procedure; or

83 (D) Services specified in subparagraphs (A) and (B) of this paragraph.

84 (7) 'Board' means the Board of Community Health established pursuant to Code  
85 Section 31-2-3.

86 (8) 'Cardiac technician' means an individual who has been duly certified as such under  
87 this chapter by a predecessor agency prior to January 1, 2028, or by the council on or  
88 after such date.

89 (9) 'Composite board' means the Georgia Composite Medical Board established pursuant  
90 to Code Section 43-34-2.

91 (10) 'Council' means the Georgia Emergency Medical Services and Trauma Council  
92 established pursuant to Code Section 31-11-5.

- 93 (11) 'Department' means the Department of Community Health established pursuant to  
94 Code Section 31-2-4.
- 95 (12) 'Emergency medical services region' or 'EMS region' means any geographical  
96 district used as a basis for coordinating and administrating the EMSC Program and duly  
97 designated by a predecessor agency prior to January 1, 2028, or by the council on or after  
98 such date pursuant to Code Section 31-11-9.
- 99 (13) 'Emergency medical services system' means a system which provides for the  
100 arrangement of personnel, facilities, and equipment for the effective and coordinated  
101 delivery in an appropriate geographical area of healthcare services under emergency  
102 conditions, occurring either as a result of the patient's condition or as a result of natural  
103 disasters or similar situations, and which is administered by a public or private nonprofit  
104 entity which has the authority and the resources to provide effective administration of the  
105 system.
- 106 (14) 'Emergency Medical Systems Communications Program' or 'EMSC Program' means  
107 any program established pursuant to Public Law 93-154, entitled the Emergency Medical  
108 Services Systems Act of 1973, which serves as a central communications system to  
109 coordinate the personnel, facilities, and equipment of an emergency medical services  
110 system and which:
- 111 (A) Utilizes emergency medical telephonic screening;  
112 (B) Utilizes a publicized emergency telephone number; and  
113 (C) Has direct communication connections and interconnections with the personnel,  
114 facilities, and equipment of an emergency medical services system.
- 115 (15) 'Emergency medical technician' means an individual who has been duly certified as  
116 such under this chapter by a predecessor agency prior to January 1, 2028, or by the  
117 council on or after such date.

118 (16) 'Emergency organ transport vehicle' means a motor vehicle that is intended to be  
119 used for the transport of necessary personnel, organs, tissue, or medical supplies to a  
120 time-critical organ transplant procedure.

121 (17) 'First responder' means any person or agency who provides on-site care until the  
122 arrival of an ambulance provider, including, but not limited to, those individuals who  
123 routinely respond to calls for assistance through an affiliation with law enforcement  
124 agencies, fire departments, and rescue agencies.

125 (18) 'Invalid car' means a motor vehicle not used for emergency purposes but used only  
126 to transport individuals who are convalescent, sick, or otherwise nonambulatory.

127 (19) 'License' means, when issued to an ambulance provider, that its facilities and  
128 operations comply with this chapter and any rules and regulations duly established by a  
129 predecessor agency prior to January 1, 2028, or by the council on or after such date.

130 (20) 'License officer' means a predecessor agency prior to January 1, 2028, or the council  
131 or its designee on or after such date.

132 (21) 'Paramedic' means an individual who has been duly certified as such under this  
133 chapter by a predecessor agency prior to January 1, 2028, or by the council on or after  
134 such date.

135 (22) 'Paramedic clinical preceptor' means a paramedic certified in this state with a  
136 minimum of two years of emergency medical services experience who meets the standard  
137 requirements for paramedic preceptor training as established by a predecessor agency  
138 prior to January 1, 2028, or by the council on or after such date.

139 (23) 'Patient' means an individual who is sick, injured, wounded, or otherwise  
140 incapacitated or helpless.

141 (24) 'Person' means any individual, firm, partnership, association, corporation, company,  
142 group of individuals acting together for a common purpose, or organization of any kind,  
143 including any governmental agency other than of the United States.

144 (25) 'Predecessor agency' means the Department of Public Health; provided, however,  
145 that such term shall mean the Georgia Composite Medical Board for the purposes of  
146 rules, regulations, policies, procedures, and administrative orders relating to the licensing  
147 of emergency medical services personnel under Article 2 of this chapter prior to  
148 January 1, 2002.

149 (26) 'Provisional license' means, when issued to an ambulance provider, a license issued  
150 on a conditional basis to allow a newly established ambulance provider a period of 30  
151 days to demonstrate that its facilities and operations comply with this chapter and rules  
152 and regulations issued under this chapter by a predecessor agency prior to  
153 January 1, 2028, or by the council on or after such date.

154 (27) 'Regional emergency medical services advisory council' or 'REMSAC' means a  
155 public or private nonprofit local entity designated, pursuant to Code Section 31-11-10,  
156 to administer and coordinate the EMSC Program in an EMS region established pursuant  
157 to Code Section 31-11-9.

158 31-11-3.

159 Except as otherwise expressly provided, all powers, functions, duties, and obligations of  
160 the Department of Public Health under this chapter, as they exist on December 31, 2027,  
161 with the exception of subsections (a) and (b) of Code Section 31-11-10, relating to the  
162 designation of REMSACs, and Article 5 of this chapter, relating to the Georgia Trauma  
163 Care Network Council, are transferred to the Georgia Emergency Medical Services and  
164 Trauma Council, effective January 1, 2028.

165 31-11-4.

166 (a) The Georgia Emergency Medical Services and Trauma Council shall succeed to all  
167 rules, regulations, policies, standards, programs, procedures, and administrative orders of  
168 a predecessor agency that are in effect on December 31, 2027, or scheduled to go into

169 effect on or after January 1, 2028, and which relate to the functions transferred to the  
170 council pursuant to Code Section 31-11-3 and shall further succeed to any rights,  
171 privileges, entitlements, obligations, and duties of the Department of Public Health that are  
172 in effect on December 31, 2027, which relate to the functions transferred to the Georgia  
173 Emergency Medical Services and Trauma Council pursuant to Code Section 31-11-3. Such  
174 rules, regulations, policies, standards, programs, procedures, and administrative orders shall  
175 remain in effect until amended, repealed, superseded, or nullified by the Georgia  
176 Emergency Medical Services and Trauma Council by proper authority or as otherwise  
177 provided by law.

178 (b) Except as otherwise expressly provided, the rights, privileges, entitlements,  
179 obligations, and duties of parties to contracts, leases, agreements, and other transactions  
180 entered into prior to January 1, 2028, by the Department of Public Health which relate to  
181 the functions transferred to the Georgia Emergency Medical Services and Trauma Council  
182 pursuant to Code Section 31-11-3 shall continue to exist; and none of such rights,  
183 privileges, entitlements, obligations, and duties are impaired or diminished by reason of the  
184 transfer of the functions to the Georgia Emergency Medical Services and Trauma Council.  
185 In all such instances, the Georgia Emergency Medical Services and Trauma Council shall  
186 be substituted for the Department of Public Health, and the Georgia Emergency Medical  
187 Services and Trauma Council shall succeed to the rights, privileges, entitlements,  
188 obligations, and duties under such contracts, leases, agreements, and other transactions.

189 (c) All individuals employed by the Department of Public Health in capacities which relate  
190 to the functions transferred to the Georgia Emergency Medical Services and Trauma  
191 Council pursuant to Code Section 31-11-3 on December 31, 2027, including, but not  
192 limited to, the Office of Cardiac Care established pursuant to Code Section 31-11-132,  
193 shall, on January 1, 2028, become employees of the Georgia Emergency Medical Services  
194 and Trauma Council in similar capacities, as determined by the executive director  
195 appointed pursuant to Code Section 31-11-8.

196 (d) Notwithstanding any provision to the contrary in this chapter, any license, provisional  
197 license, certificate, permit, registration, or other authorization required under this chapter  
198 to engage in the practice of any profession or the provision of any service that was duly  
199 issued by a predecessor agency to any person prior to January 1, 2028, shall be valid until  
200 such license, provisional license, certificate, permit, registration, or other authorization  
201 expires, is revoked by the council, is surrendered by the holder, or is otherwise terminated  
202 under this chapter.

203 (e) The council shall receive custody of any state owned real property in the custody of the  
204 Department of Public Health on December 31, 2027, and which pertains to the functions  
205 transferred to the council pursuant to Code Section 31-11-3.

206 31-11-5.

207 (a) There is established the Georgia Emergency Medical Services and Trauma Council,  
208 which shall be assigned to the department for administrative purposes only, as provided in  
209 Code Section 50-4-3.

210 (b) The council shall be composed of the following members:

211 (1) One member from each REMSAC, with preference given to the chairperson of each  
212 such REMSAC, to be appointed by the Governor;

213 (2) One member who is an employee or representative of a privately owned ambulance  
214 provider, to be appointed by the Governor;

215 (3) One member knowledgeable of the EMSC Program, to be appointed by the  
216 Governor;

217 (4) One member knowledgeable of the EMSC Program, to be appointed by the Speaker  
218 of the House of Representatives; and

219 (5) One member knowledgeable of the EMSC Program, to be appointed by the President  
220 of the Senate.

221 (c)(1) On or before August 1, 2027, the Governor, Speaker of the House of  
222 Representatives, and President of the Senate shall appoint the initial members of the  
223 council, in accordance with subsection (b) of this Code section. Each member of the  
224 council shall be appointed for a term of two years.

225 (2) Each member of the council shall serve until his or her successor is appointed and  
226 qualified. In the event of a vacancy in the council for any reason, such vacancy shall be  
227 filled for the remainder of the unexpired term in the same manner as the original  
228 appointment. Each member of the council shall be eligible to succeed himself or herself;  
229 provided, however, that no member shall serve more than two consecutive terms on the  
230 council.

231 (3) Members of the council may be removed from office under the same conditions for  
232 removal from office of members of professional licensing boards as provided in Code  
233 Section 43-1-17.

234 (d) At its first regular meeting, the council shall elect a chairperson and such other officers  
235 from among its membership as it deems necessary.

236 (e)(1) Each REMSAC shall promptly notify the council of any change in chairperson of  
237 such REMSAC.

238 (2) Upon request by the Governor, each REMSAC shall promptly notify the Governor  
239 of the name and contact information for the chairperson of such REMSAC.

240 (f) The council may, from time to time, designate advisory committees of such  
241 composition as the council may prescribe to assist and advise the council in carrying out  
242 its duties under this chapter. The members of any such advisory committee shall serve at  
243 the pleasure of the council.

244 (g) Members of the council shall serve without compensation but shall be allowed actual  
245 and necessary expenses in the performance of their duties. Members of the commission  
246 shall receive a daily expense allowance in the amount specified in subsection (b) of Code  
247 Section 45-7-21, as well as the mileage or transportation allowance authorized for state

248 employees. The funds necessary for the reimbursement of expenses and allowances of any  
249 member of the council shall be paid from funds appropriated to or otherwise available to  
250 the department.

251 31-11-6.

252 (a) The council is vested with the following functions and powers:

253 (1) To provide rules of procedure for its internal management and control;

254 (2) To enter into contracts or do such things as may be necessary and incidental to the  
255 administration of its authority pursuant to this chapter, including, but not limited to,  
256 employing professional, technical, and clerical personnel;

257 (3) To oversee the EMSC Program and the provision of emergency medical services  
258 within each EMS region, as provided under this chapter;

259 (4) To make all necessary modifications to the territorial zones within each EMS region  
260 and methods of distributing calls among ambulance providers participating in the EMSC  
261 Program, in accordance with the procedures set forth in Code Section 31-11-10;

262 (5) To prescribe reasonable health, sanitation, and safety standards for transporting  
263 patients in ambulances;

264 (6) To prescribe reasonable conditions under which ambulance attendants are required;

265 (7) To establish uniform minimum standards consistent with this chapter for the  
266 employment and training of first responders, emergency medical technicians, paramedics,  
267 paramedic clinical preceptors, ambulance attendants, cardiac technicians, and such other  
268 emergency medical service personnel as determined by the council, including  
269 qualifications, certifications, recertifications, decertifications, and probations for certified  
270 individuals and suspensions for noncertified individuals;

271 (8) To establish minimum curriculum requirements for schools operated by or for any  
272 employing agency for the specific purpose of training first responders, emergency  
273 medical technicians, paramedics, paramedic clinical preceptors, ambulance attendants,

274 cardiac technicians, and such other emergency medical service personnel as determined  
275 by the council;

276 (9) To approve institutions and facilities for school operation by or for any employing  
277 agency for the specific purpose of training first responders, emergency medical  
278 technicians, paramedics, paramedic clinical preceptors, ambulance attendants, cardiac  
279 technicians, and such other emergency medical service personnel as determined by the  
280 council;

281 (10) To permit the emergency medical technician course to be offered at area hospitals  
282 and area vocational technical schools in conjunction with their emergency patient care  
283 and personnel training programs;

284 (11) To make or support studies on any aspect of the education and training or  
285 recruitment of first responders, emergency medical technicians, paramedics, paramedic  
286 clinical preceptors, ambulance attendants, cardiac technicians, and such other emergency  
287 medical service personnel as determined by the council;

288 (12) To make recommendations concerning any matter within its purview;

289 (13) To establish basic training requirements for first responders, emergency medical  
290 technicians, paramedics, paramedic clinical preceptors, ambulance attendants, cardiac  
291 technicians, and such other emergency medical service personnel as determined by the  
292 council;

293 (14) To certify any individual satisfactorily complying with the training program  
294 established in accordance with paragraph (13) of this subsection and the qualifications  
295 for employment under this chapter;

296 (15) To issue a certificate to any individual who has received training in another state as  
297 or who has received training by the United States government as a first responder,  
298 emergency medical technician, paramedic, paramedic clinical preceptor, ambulance  
299 attendant, cardiac technician, or such other emergency medical service personnel as  
300 determined by the council, when the council has determined that the training was at least

301 equivalent to that required by the council for approved education and training programs  
302 in this state for such profession and when the individual has satisfactorily complied with  
303 all other requirements of this chapter;

304 (16) To accept donations, gifts, property, and other contributions and to use the same for  
305 carrying out the purposes of this chapter; and

306 (17) To promulgate rules and regulations as reasonably necessary to administer and  
307 implement the provisions of this chapter.

308 (b) Nothing in this Code section shall authorize the council to adopt and promulgate rules  
309 or regulations which prevent the continued use of dual purpose funeral coaches or hearses  
310 currently being used as ambulances if the vehicles otherwise conform in all respects to the  
311 requirements of Code Section 31-11-34 except for their size and shape.

312 31-11-7.

313 (a) The council shall transact business in the following manner:

314 (1) The council shall hold at least four regular meetings each year at the call of the  
315 chairperson or upon the written request of a majority of the members of the council;

316 (2) A majority of the members of the council shall constitute a quorum necessary for the  
317 transaction of business and shall be sufficient to do and perform any action permitted the  
318 council by this chapter. No vacancy on the council shall impair the right of a quorum to  
319 transact any and all business of the council; and

320 (3) The council shall adopt such rules for the transaction of its business as it shall desire.

321 (b) The council shall make an annual report of its activities to the Governor and to the  
322 General Assembly and shall include in such report any recommendations for appropriate  
323 legislation. The council shall not be required to distribute copies of such report to the  
324 members of the General Assembly but shall notify the members of the availability of the  
325 report in the manner it deems to be most effective and efficient.

326 31-11-8.

327 (a) The council shall appoint an executive director and establish the executive director's  
328 duties and compensation. Such executive director shall serve at the pleasure of the council.

329 (b) The executive director may contract for such services and employ such other  
330 professional, technical, and clerical personnel as may be reasonably necessary to carry out  
331 the purposes of this chapter.

332 31-11-9.

333 (a) On or after January 1, 2028, the council shall establish as a basis for coordinating and  
334 administering the EMSC Program one or more EMS regions composed of one or more  
335 counties. Each such EMS region shall succeed to any health districts established by the  
336 Department of Public Health that are in effect on December 31, 2027, or scheduled to go  
337 into effect on or after January 1, 2028. Such health districts shall remain in effect until  
338 amended, superseded, or nullified by the council or as otherwise provided by law.

339 (b) To further the purposes of this Code section, county boards of health may contract with  
340 each other for the provision of multicounty services and also exercise any additional  
341 powers as authorized by paragraph (7) of subsection (a) of Code Section 31-3-4; and in the  
342 performance of such contracts a county board of health may utilize its employees in other  
343 counties.

344 31-11-10.

345 (a)(1) Subject to paragraph (2) of this subsection, the board shall as soon as practicable  
346 designate and contract with a public or private nonprofit local entity to administer and  
347 coordinate the EMSC Program for each EMS region designated by the council pursuant  
348 to Code Section 31-11-9. Any such local entity designated or contracted with shall be  
349 known as a regional emergency medical services advisory council or REMSAC.

350 (2) Any public or private nonprofit local entity that is administering and coordinating the  
351 EMSC Program for a designated territory on January 1, 2028, or is scheduled to  
352 administer and coordinate the EMSC Program for a designated territory after such date,  
353 pursuant to a contract with the Department of Public Health duly entered into prior to  
354 January 1, 2028, shall serve out the remainder of its contract; provided, however, that this  
355 shall not be construed to impair either party's rights, privileges, entitlements, or duties  
356 under any such contract. In all such instances, the Board of Community Health shall be  
357 substituted for the Board of Public Health; the board shall succeed to the rights,  
358 privileges, entitlements, and duties under any such contract; and, upon the expiration of  
359 such contract, the board shall designate and contract with a successor REMSAC in  
360 accordance with paragraph (1) of this subsection.

361 (b) Each REMSAC shall be composed of up to 50 members who are knowledgeable of the  
362 EMSC Program and meet such other requirements as the board may prescribe, one of  
363 whom shall serve as chairperson of such REMSAC.

364 (c) At least annually, or more frequently as the council may prescribe, and at such times  
365 as the council shall prescribe, each REMSAC shall recommend to the council or its  
366 designee the manner in which the EMSC Program is to be conducted. In making its  
367 recommendations, the REMSAC shall give priority to making the EMSC Program function  
368 as efficiently and economically as possible.

369 (d)(1) Each ambulance provider in an EMS region shall have the opportunity to  
370 participate in the EMSC Program.

371 (2) Each REMSAC designated by the board pursuant to subsection (a) of this Code  
372 section shall request from each ambulance provider in its EMS region a written  
373 description of the territory in which it can respond to emergency calls, based upon such  
374 ambulance provider's average response time from its base location within such territory.  
375 Each ambulance provider shall submit such written description to a REMSAC within ten  
376 days of any request by such REMSAC.

377 (3) Within ten days of receiving the written descriptions of territory provided by the  
378 ambulance providers in accordance with paragraph (2) of this subsection, each REMSAC  
379 shall recommend in writing to the council or its designee the territories within the EMS  
380 region to be serviced by each ambulance provider and the method for distributing  
381 emergency calls among the ambulance providers, based primarily on considerations of  
382 economy, efficiency, and benefit to the public welfare. The council or its designee shall  
383 approve or modify the territorial zones and method of distributing calls among ambulance  
384 providers participating in the EMSC Program in the EMS region based on such  
385 recommendations.

386 (e)(1) The council or its designee shall be empowered to conduct a hearing into the  
387 recommendations made by any REMSAC, and such hearing shall be conducted according  
388 to the procedures set forth in Code Section 31-11-15. The recommendations of any  
389 REMSAC shall not be modified unless the council or its designee finds, after a hearing,  
390 that the determination of such REMSAC is inconsistent with operation of the EMSC  
391 Program in an efficient and economical manner that benefits the public welfare. No  
392 hearing shall be required if the council adopts the recommendations of the REMSAC  
393 without modification. The final decision of the council or its designee shall be rendered  
394 as soon as possible and shall be final and conclusive concerning the operation of the  
395 EMSC Program. An appeal from such final decision shall be pursuant to Code  
396 Section 31-11-17.

397 (2) The REMSAC shall begin administering the EMSC Program in accordance with a  
398 final decision of the council or its designee immediately after issuance of the final  
399 decision by the council or its designee regarding the approval or modification of the  
400 recommendations made by the REMSAC, and the EMSC Program shall be operated in  
401 such manner pending the resolution of any appeals filed pursuant to Code  
402 Section 31-11-17, except as otherwise provided in such Code section.

403 (f) This Code section shall not apply to air ambulances, air ambulance services, or  
404 emergency organ transport vehicles.

405 31-11-11.

406 Records of each ambulance trip shall be made by the ambulance provider in such manner  
407 and on such forms as may be prescribed by the council through rules and regulations. Such  
408 records shall be available for inspection by the council at any time, and a summary of  
409 ambulance services shall be prepared on specific cases and furnished to the council upon  
410 request.

411 31-11-12.

412 (a) The driver of an ambulance on the public streets, highways, and private access roads  
413 of this state, when responding to an emergency call or while transporting a patient, shall  
414 be authorized to operate the ambulance as an emergency vehicle pursuant to Code  
415 Section 40-6-6.

416 (b) The driver of an emergency organ transport vehicle on the public streets, highways,  
417 and private access roads of this state, when transporting necessary personnel, organs,  
418 tissue, or medical supplies to a time-critical organ transplant procedure, shall be authorized  
419 to operate the emergency organ transport vehicle as an emergency vehicle pursuant to  
420 Code Section 40-6-6.

421 31-11-13.

422 (a) Any person, including an agent or employee, that is licensed to furnish ambulance  
423 services and in good faith renders emergency care to an individual who is a victim of an  
424 accident or emergency shall not be liable for any civil damages to such victim as a result  
425 of any act or omission by such person in rendering emergency care to such victim.

426 (b) A physician shall not be civilly liable for damages resulting from that physician's  
427 acting as medical adviser to an ambulance provider, pursuant to Code Section 31-11-50,  
428 if those damages are not a result of that physician's willful and wanton negligence.

429 (c) The immunity provided in this Code section shall apply only to those persons that  
430 perform the aforesaid emergency services for no remuneration.

431 31-11-14.

432 (a) The council and its duly authorized agents are authorized to enforce compliance with  
433 this chapter and rules and regulations promulgated under this chapter in the same manner  
434 as provided in Article 1 of Chapter 5 of this title and, in connection therewith during the  
435 reasonable business hours of the day, to enter upon and inspect in a reasonable manner the  
436 premises of an ambulance provider. All inspections under this Code section shall be in  
437 compliance with the provisions of Article 2 of Chapter 5 of this title.

438 (b) The council is authorized to enforce compliance with this chapter, including, but not  
439 limited to, compliance with the EMSC Program and the provision of emergency medical  
440 services within designated territories, by imposing fines in the same manner as provided  
441 in paragraph (6) of subsection (c) of Code Section 31-2-8; this enforcement action shall be  
442 a contested case under Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'

443 31-11-15.

444 Hearings shall be required for any and all quasi-judicial actions and in any other  
445 proceeding required by this title or the Constitution of Georgia. All such hearings shall be  
446 conducted in accordance with Chapter 13 of Title 50, the 'Georgia Administrative  
447 Procedure Act.'

448 31-11-16.

449 All rules and regulations of the council shall be adopted after due notice to and hearing by  
450 persons and parties affected thereby; and such rules and regulations shall be maintained in  
451 a book kept for that purpose, orderly arranged and indexed and subject to inspection by the  
452 public during regular business hours. The council shall make copies thereof available for  
453 distribution to persons interested in or affected thereby. No rule or regulation shall become  
454 effective as law until 30 days after its adoption, except in cases of emergencies constituting  
455 an imminent threat to the public, in which event such rules or regulations shall become  
456 effective upon adoption; but, in all such cases, the council shall as a part thereof state the  
457 conditions found by it to justify such immediate effectiveness. Where deemed desirable  
458 by the council, hearing and notice in the same manner as provided in Code  
459 Section 31-11-15 may be conducted by it prior to adoption of any rule or regulation.

460 31-11-17.

461 (a) Any person or party to a proceeding who is aggrieved or adversely affected by a final  
462 order or action of the council, including, but not limited to, an order or action involving a  
463 dispute concerning the designation, application, or administration of an ambulance provider  
464 territory, may have review thereof by appeal to the superior court in the county in which  
465 the action arose. If an appeal concerns a final order or action involving the designation,  
466 application, or administration of an ambulance provider territory which includes portions  
467 of more than one county, such an appeal may be filed in the superior court of any such  
468 county.

469 (b) Appeal to the superior court shall be by petition which shall be filed in the clerk's  
470 office of such court within 30 days after the final order or action of the council. The  
471 petition shall set forth the names of the parties taking the appeal; the order, rule, regulation,  
472 or decision appealed from; and the reason it is claimed to be erroneous. The enforcement  
473 of the order or action appealed from shall not be stayed until and unless so ordered and

474 directed by the superior court. A superior court may order a stay only if the court makes  
475 a finding that the public health, safety, and welfare will not be harmed by the issuance of  
476 the stay. Upon the filing of such petition, the petitioner shall serve on the council a copy  
477 thereof in a manner prescribed by law for the service of process, unless such service of  
478 process is waived. The review shall be conducted by the superior court without a jury and  
479 shall be confined to the record. In cases of alleged irregularities in procedure before the  
480 council, not shown in the record, proof thereon may be taken in the court. The superior  
481 court, upon request, shall hear oral argument and receive written briefs.

482 (c) The superior court shall not substitute its judgment for that of the council as to the  
483 weight of the evidence on questions of fact. The court may affirm the decision of the  
484 council or remand the case for further proceedings. The court may reverse or modify the  
485 decision if substantial rights of the appellant have been prejudiced because the  
486 administrative findings, inferences, conclusions, or decisions are:

- 487 (1) In violation of constitutional or statutory provisions;  
488 (2) In excess of the statutory authority of the council;  
489 (3) Made upon unlawful procedure;  
490 (4) Affected by other error of law;  
491 (5) Clearly erroneous in view of the reliable, probative, and substantial evidence on the  
492 whole record; or  
493 (6) Arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted  
494 exercise of discretion.

495 31-11-18.

496 Nothing in this chapter shall be construed as prohibiting or preventing a municipality from  
497 fixing, charging, or assessing any license fee or registration fee on any business or  
498 profession covered by this chapter or upon any related profession or any person engaged

499 in any profession governed by this chapter or collecting any fee so imposed or from  
500 establishing additional regulations regarding ambulance services.

501 31-11-19.

502 This chapter shall not apply to:

503 (1) An ambulance or any provision of ambulance services operated by an agency of the  
504 United States government;

505 (2) A vehicle or aircraft operated by an individual who is not licensed to furnish  
506 ambulance services when rendering assistance temporarily in the case of a major  
507 catastrophe or emergency because the ambulance providers of the state are insufficient  
508 or unable to meet the demands thereof;

509 (3) An ambulance which is operated from a location outside of the state in order to  
510 transport patients from without the state's limits to locations within the state; or

511 (4) An invalid car or the operator thereof, except as provided in subsection (b) of Code  
512 Section 31-11-30.

513 31-11-20.

514 Medical directors of ambulance providers, first responders, or neonatal services are  
515 authorized to contract with licensed pharmacies to furnish dangerous drugs and controlled  
516 substances for the vehicles of their particular services. Such dangerous drugs and  
517 controlled substances shall be furnished, secured, and stored in the manner provided for in  
518 Code Section 26-4-116."

519  
520  
521

**PART II**  
*Licenses*  
**SECTION 2-1.**

522 Said chapter is further amended in Article 2, relating to licenses, by revising Code  
523 Section 31-11-30, relating to license requirement, as follows:

524 "31-11-30.

525 (a) No person shall operate as an ambulance service provider in this state without having  
526 a valid license or provisional license issued by the license officer pursuant to this chapter.

527 (b) No person shall make use of the word 'ambulance' to describe any ground or air  
528 transportation or facility or service associated therewith which such person provides or to  
529 otherwise hold oneself out to be an ambulance service provider unless such person has a  
530 valid license or provisional license issued pursuant to the provisions of this chapter or is  
531 exempt from licensing under this chapter and is not the operator of an invalid car.

532 (c) Any person who violates the provisions of this Code section shall be guilty of a  
533 misdemeanor."

534

**SECTION 2-2.**

535 Said chapter is further amended in said article by revising paragraphs (1) and (7) of Code  
536 Section 31-11-31, relating to application for license, as follows:

537 "(1) The name and address of the owner of the ambulance service provider or proposed  
538 ambulance service provider;"

539 "(7) The location and description of the place or places from which the ambulance  
540 service provider is intended to operate."

541 **SECTION 2-3.**

542 Said chapter is further amended in said article by revising Code Section 31-11-31.2, relating  
543 to ambulance service provider matching payment, segregated account, appropriations from  
544 segregated account, audits, and rules and regulations, as follows:

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

546 (1) ~~'Ambulance service' means an entity licensed by the Department of Public Health~~  
547 ~~pursuant to this chapter.~~

548 (2) ~~'Board' means the Board of Community Health.~~

549 (3) ~~'Department' means the Department of Community Health.~~

550 (4) ~~'Provider matching payment'~~ 'provider matching payment' means a payment assessed  
551 by the board pursuant to this Code section on ~~providers which operate~~ an ambulance  
552 service provider.

553 (b)(1) The board shall be authorized to establish and assess, by board rule, one or more  
554 provider matching payments on a subclass of ambulance ~~services~~ providers, as defined  
555 by the board; provided, however, that, if any such provider matching payment is  
556 established and assessed, the provider matching payment shall comply with the  
557 requirements of 42 C.F.R. 433.68. Any provider matching payment assessed pursuant  
558 to this Code section shall not exceed the amount necessary to obtain federal financial  
559 participation allowable under Title XIX of the federal Social Security Act.

560 (2) The board shall be authorized to discontinue any provider matching payment  
561 assessed pursuant to this Code section. The board shall cease to impose any such  
562 provider matching payment if:

563 (A) The provider matching payments are not eligible for federal matching funds under  
564 Title XIX of the federal Social Security Act; or

565 (B) The department, as a direct result of the enactment of this Code section, reduces  
566 or supplants Medicaid payment rates to ambulance providers as such rates are in effect  
567 on June 30, ~~2021~~ 2026, or reduces or supplants the provider matching payment rate

568 adjustment factors utilized in developing the state Fiscal Year ~~2021~~ 2026 capitated rates  
569 for Medicaid managed care organizations.

570 (c)(1) Any provider matching payments assessed pursuant to this Code section shall be  
571 deposited into a segregated account within the Indigent Care Trust Fund created pursuant  
572 to Code Section 31-8-152 and used solely for the purpose of obtaining federal financial  
573 participation for medical assistance payments to providers on behalf of Medicaid  
574 recipients pursuant to Article 7 of Chapter 4 of Title 49. Any funds deposited into such  
575 segregated account pursuant to this Code section shall be subject to appropriation by the  
576 General Assembly.

577 (2) The department shall be authorized to impose a penalty of up to 6 percent on the  
578 amount of any owed provider matching payments for any ambulance ~~service~~ provider that  
579 fails to pay a provider matching payment within the time required by the department for  
580 each month, or fraction thereof, that such provider matching payment is overdue. If a  
581 required provider matching payment has not been received by the department in  
582 accordance with department timelines, the department shall withhold an amount equal to  
583 the provider matching payment and penalty owed from any medical assistance payment  
584 due such ambulance ~~service~~ provider under the Medicaid program. Any provider  
585 matching payment assessed pursuant to this Code section shall constitute a debt due the  
586 state and may be collected by civil action and the filing of tax liens in addition to such  
587 methods provided for in this Code section. Any penalty that accrues pursuant to this  
588 subsection shall be credited to the applicable segregated account.

589 (d)(1) Notwithstanding any other provision of Chapter 8 of this title, the General  
590 Assembly is authorized to appropriate as state funds to the department for use in any  
591 fiscal year all revenues dedicated and deposited into one or more segregated accounts.  
592 Such appropriations shall be authorized to be made for the sole purpose of obtaining  
593 federal financial participation for medical assistance payments to providers on behalf of  
594 Medicaid recipients pursuant to Article 7 of Chapter 4 of Title 49. Any appropriation

595 from a segregated account for any purpose other than such medical assistance payments  
596 shall be void.

597 (2) Revenues appropriated to the department pursuant to this Code section shall be used  
598 to match federal funds that are available for the purpose for which such funds have been  
599 appropriated.

600 (3) Appropriations from a segregated account to the department shall not lapse to the  
601 general fund at the end of the fiscal year.

602 (e) The department shall have the authority to inspect and copy the records of an  
603 ambulance ~~service~~ provider for purposes of auditing the calculation of the provider  
604 matching payment. All information obtained by the department pursuant to this Code  
605 section shall be confidential and shall not constitute a public record.

606 (f) The board shall be authorized to establish rules and regulations to assess and collect  
607 any such provider matching payments, including, but not limited to, payment frequency  
608 and schedules, required information to be submitted, and record retention."

609 **SECTION 2-4.**

610 Said chapter is further amended in said article by revising subsections (c) and (d) of Code  
611 Section 31-11-32, relating to duties of license officer, as follows:

612 "(c) The license officer shall issue provisional licenses for 30 days ~~for the purpose~~  
613 ~~specified in paragraph (19) of Code Section 31-11-2~~ to allow a newly established  
614 ambulance provider a period of 30 days to demonstrate that its facilities and operations  
615 comply with this chapter and any rules and regulations issued under this chapter by a  
616 predecessor agency prior to January 1, 2028, or by the council on or after such date.

617 (d) Before issuing a license to a government or governmental agency for a new ambulance  
618 ~~service~~ provider, the license officer shall establish that, due to inadequate private service,  
619 the public's convenience and necessity require the proposed ambulance ~~service~~ provider."

620 **SECTION 2-5.**

621 Said chapter is further amended in said article by revising subsection (b) of Code  
622 Section 31-11-35, relating to renewal of license and change of ownership of ambulance  
623 service, as follows:

624 "(b) Change of ownership of an ambulance service provider shall require a new application  
625 and a new license issued in conformance with the requirements of this article as upon  
626 original licensing."

627 **SECTION 2-6.**

628 Said chapter is further amended in said article by revising Code Section 31-11-36, relating  
629 to suspension or revocation of license and appeal to superior court, as follows:

630 "31-11-36.

631 (a) Any license issued under this article may be suspended or revoked for a failure of a  
632 licensee to comply and to maintain compliance with this article or rules and regulations  
633 issued under this article, but only after an opportunity for a hearing as provided in ~~Article 1~~  
634 ~~of Chapter 5 of this title~~ Code Section 31-11-15.

635 (b) Any person who ~~has exhausted all administrative remedies available within the~~  
636 ~~department and who~~ is substantially aggrieved by a final order or final action of the license  
637 officer ~~is entitled to judicial review in the manner provided by Article 1 of Chapter 5 of this~~  
638 ~~title and, notwithstanding Code Section 31-5-3,~~ shall be entitled to an appeal to superior  
639 court as provided in subsection (c) of this Code section Code Section 31-11-17.

640 (c) ~~Appeal to the superior court shall be by petition which shall be filed in the clerk's office~~  
641 ~~of such court within 30 days after the final order or action of the department; the petition~~  
642 ~~shall set forth the names of the parties taking the appeal, the order, rule, regulation, or~~  
643 ~~decision appealed from, and the reason it is claimed to be erroneous. The enforcement of~~  
644 ~~the order or action appealed from shall be automatically stayed upon the filing of such~~  
645 ~~petition unless the commissioner of public health in his final order certifies that his~~

646 ~~decision if stayed will harm the public health and safety, in which case a reviewing court~~  
 647 ~~may order a stay only if the court makes a finding that the public health and safety will not~~  
 648 ~~be harmed by the issuance of the stay. Upon the filing of such petition, the petitioner shall~~  
 649 ~~serve on the commissioner a copy thereof in the manner prescribed by law for the service~~  
 650 ~~of process, unless such service of process is waived. The appeal shall be an appeal de novo~~  
 651 ~~to the superior court and the appealing party shall have a right to a jury trial and all rights~~  
 652 ~~provided under Chapter 11 of Title 9, the 'Georgia Civil Practice Act.' The superior court~~  
 653 ~~shall render a decision approving, setting aside, or modifying the order or action appealed~~  
 654 ~~from."~~

655 **PART III**

656 *Personnel*

657 **SECTION 3-1.**

658 Said chapter is further amended in Article 3, relating to personnel, by revising paragraph (3)  
 659 of Code Section 31-11-49, relating to definitions, as follows:

660 "(3) 'Emergency medical services personnel' means all individuals duly licensed by the  
 661 department under this article by a predecessor agency prior to January 1, 2028, or by the  
 662 council on or after such date."

663 **SECTION 3-2.**

664 Said chapter is further amended in said article by revising Code Section 31-11-50, relating  
 665 to medical adviser, as follows:

666 "31-11-50.

667 (a) To enhance the provision of emergency medical care, each ambulance service provider  
 668 shall be required to have a medical adviser. The adviser shall be a physician licensed to  
 669 practice medicine in this state and subject to approval by the ~~medical consultant of the~~

670 ~~Emergency Health Section of the Department of Public Health council.~~ Ambulance  
 671 ~~services providers~~ unable to obtain a medical adviser, due to unavailability or refusal of  
 672 physicians to act as medical advisers, may request ~~the district health director or his or her~~  
 673 ~~designee to act as~~ assistance from the council in identifying an individual to act as a  
 674 medical adviser until the services of a physician are available.

675 (b) The duties of the medical adviser shall be to provide medical direction and training for  
 676 the ambulance ~~service~~ provider personnel in conformance with acceptable emergency  
 677 medical practices and procedures.

678 (c) This Code section shall not apply to any ambulance ~~service~~ provider which solely  
 679 provides transportation for necessary personnel, organs, tissue, or medical supplies to a  
 680 time-critical organ transplant procedure by emergency organ transport vehicles or any  
 681 county having a population under 12,000 according to the United States decennial census  
 682 of ~~1970~~ 2020 or any such future census."

683 **SECTION 3-3.**

684 Said chapter is further amended in said article by revising Code Section 31-11-51, relating  
 685 to licensing of emergency medical services personnel, rules and regulations, use of  
 686 conviction data in licensing decisions, and retention of fingerprints, as follows:

687 "31-11-51.

688 (a) As used in this Code section, the term 'conviction data' means a record of a finding or  
 689 verdict of guilty or plea of guilty or plea of nolo contendere with regard to any crime,  
 690 regardless of whether an appeal of the conviction has been sought.

691 (b) Except as otherwise provided for in this chapter, the ~~board~~ council shall, by rule or  
 692 regulation, ~~authorize the department to~~ establish procedures and standards for the licensing  
 693 of emergency medical services personnel. The ~~department~~ council shall succeed to all  
 694 rules and regulations, policies, standards, programs, procedures, and administrative orders  
 695 of the ~~composite board which were in effect on December 31, 2001, and which relate to the~~

696 ~~functions transferred to the department by this chapter. Such rules, regulations, policies,~~  
697 ~~procedures, and administrative orders shall remain in effect until amended, repealed,~~  
698 ~~superseded, or nullified by proper authority or as otherwise provided by law~~ a predecessor  
699 agency, in accordance with Code Section 31-11-4.

700 (c) In reviewing applicants for initial licensure of emergency medical services personnel,  
701 the ~~department~~ council shall be authorized pursuant to this Code section to obtain  
702 conviction data with respect to such applicants for the purposes of determining the  
703 suitability of the applicant for licensure.

704 (d) The ~~department~~ council shall, by rule or regulation, consistent with the requirements  
705 of this subsection, establish a procedure for requesting a fingerprint based criminal history  
706 records check from the center and the Federal Bureau of Investigation. Fingerprints shall  
707 be in such form and of such quality as prescribed by the center and under standards adopted  
708 by the Federal Bureau of Investigation. Fees may be charged as necessary to cover the cost  
709 of the records search. An applicant may request that a criminal history records check be  
710 conducted by a state or local law enforcement agency or by a private vendor approved by  
711 the ~~department~~ council. Fees for criminal history records checks shall be paid by the  
712 applicant to the entity processing the request at the time such request is made. The state  
713 or local law enforcement agency or private vendor shall remit payment to the center in such  
714 amount as required by the center for conducting a criminal history records check. The  
715 ~~department~~ council shall accept a criminal history records check whether such request is  
716 made through a state or local law enforcement agency or through a private vendor  
717 approved by the ~~department~~ council. Upon receipt of an authorized request, the center  
718 shall promptly cause such criminal records search to be conducted. The center shall notify  
719 the ~~department~~ council in writing of any finding of disqualifying information, including,  
720 but not limited to, any conviction data regarding the fingerprint records check, or if there  
721 is no such finding.

722 (e) An applicant with conviction data which indicates a conviction of a felony more than  
723 five but less than ten years prior to application shall not be disqualified for licensure,  
724 provided that such applicant has:

725 (1) Successfully completed a training program duly approved by a predecessor agency  
726 prior to January 1, 2028, or by the department council on or after such date and sponsored  
727 by the Department of Corrections pursuant to Code Section 42-5-57; and

728 (2) Met all other requirements as set forth in this chapter.

729 (f) Conviction data received by the department council or a any state or local law  
730 enforcement agency shall be privileged and shall not be a public record or disclosed to any  
731 person. Conviction data shall be maintained by the department council and ~~the~~ any state  
732 or local law enforcement agency pursuant to laws regarding such records and the rules and  
733 regulations of the center and the Federal Bureau of Investigation. Penalties for the  
734 unauthorized release or disclosure of conviction data shall be as prescribed by law or rule  
735 or regulation of the center or Federal Bureau of Investigation.

736 (g) The center, the department council, or any law enforcement agency, or the employees  
737 of any such entities, shall neither be responsible for the accuracy of information provided  
738 pursuant to this Code section nor be liable for defamation, invasion of privacy, negligence,  
739 or any other claim relating to or arising from the dissemination of information pursuant to  
740 this Code section.

741 (h) If the department council is participating in the program described in  
742 subparagraph (a)(1)(F) of Code Section 35-3-33, the Georgia Bureau of Investigation and  
743 the Federal Bureau of Investigation shall be authorized to retain fingerprints obtained  
744 pursuant to this Code section for such program, and the department council shall notify the  
745 individual whose fingerprints were taken of the parameters of such retention."

746 **SECTION 3-4.**

747 Said chapter is further amended in said article by revising Code Section 31-11-52, relating  
748 to certification of paramedics and cardiac technicians and provisional practice by military  
749 medical personnel, as follows:

750 "31-11-52.

751 (a) As used in this Code section, the term 'military medical personnel' means an individual  
752 who has, within 12 months of seeking certification pursuant to this Code section, served  
753 as a medic in the United States Army, medical technician in the United States Air Force,  
754 or corpsman in the United States Navy or Coast Guard and who was discharged or released  
755 from such service under conditions other than dishonorable.

756 (b) The ~~department~~ council shall establish procedures and standards for certifying and  
757 recertifying first responders, emergency medical technicians, paramedics, and cardiac  
758 technicians. An applicant for initial certification as a paramedic or a cardiac technician  
759 shall:

760 (1) Submit a completed application on a form to be prescribed by the ~~department~~ council,  
761 which shall include evidence that the applicant is 18 years of age or older and is of good  
762 moral character;

763 (2) Submit from the ~~department~~ council a notarized statement that the applicant has  
764 completed a training course approved by the ~~department~~ council;

765 (3) Submit to the ~~department~~ council a fee as set forth in the regulations of the  
766 ~~department~~ council; and

767 (4) Meet such other requirements as are set forth in the rules and regulations of the  
768 ~~department~~ council.

769 (b)(c) The ~~department~~ council shall also adopt procedures and standards for its approval  
770 of ~~paramedic training courses and cardiac technician training courses~~ for first responders,  
771 emergency medical technicians, paramedics, and cardiac technicians. The ~~department~~  
772 council shall adopt such regulations after consultation with appropriate public and private

773 agencies and organizations concerned with medical education and the practice of medicine.  
774 Procedures and standards adopted by the ~~department~~ council shall be consistent with the  
775 purposes and provisions of this chapter.

776 ~~(e)~~(d) An applicant convicted of a felony more than five but less than ten years prior to  
777 application shall not be disqualified for certification, provided that such applicant has:

778 (1) Successfully completed a training program approved by the ~~department~~ council and  
779 sponsored by the Department of Corrections pursuant to Code Section 42-5-57; and

780 (2) Met all other requirements as set forth in this chapter.

781 ~~(d)~~(e) The ~~department~~ council, in collaboration with the Department of Veterans Service,  
782 shall establish a program through which military medical personnel may provisionally  
783 operate within their scope of practice and training for a period of 12 months without  
784 meeting the requirements provided for in paragraphs (2) and (4) of subsection ~~(a)~~ (b) of this  
785 Code section. The program established pursuant to this subsection shall not conflict with  
786 or supplant Code Section 38-3-71 or Georgia's status as a member of the EMS Interstate  
787 Compact.

788 ~~(e) As used in this Code section, the term 'military medical personnel' means an individual~~  
789 ~~who has, within 12 months of seeking certification pursuant to this Code section, served~~  
790 ~~as a medic in the United States Army, medical technician in the United States Air Force,~~  
791 ~~or corpsman in the United States Navy or Coast Guard and who was discharged or released~~  
792 ~~from such service under conditions other than dishonorable.~~

793 (f) Any rules, regulations, policies, standards, programs, procedures, or administrative  
794 orders issued by the council under this Code section shall succeed to the rules, regulations,  
795 policies, standards, programs, procedures, or administrative orders of a predecessor agency,  
796 in accordance with Code Section 31-11-4."

797

**SECTION 3-5.**

798 Said chapter is further amended in said article by revising Code Section 31-11-53, relating  
799 to services which may be rendered by certified emergency medical technicians and trainees  
800 and provisional practice by military medical personnel, as follows:

801 "31-11-53.

802 (a) As used in this Code section, the term 'military medical personnel' means an individual  
803 who has, within 12 months of seeking certification pursuant to this Code section, served  
804 as a medic in the United States Army, medical technician in the United States Air Force,  
805 or corpsman in the United States Navy or Coast Guard and who was discharged or released  
806 from such service under conditions other than dishonorable.

807 ~~(b) Emergency~~ Upon certification by the department, emergency medical technicians may  
808 do any of the following:

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

812 (2) Upon the order of a duly licensed physician, administer approved intravenous  
813 solutions and opioid antagonists; and

814 (3) Upon the order of a duly licensed physician during a public health emergency, as  
815 defined in Code Section 31-12-1.1, administer vaccines.

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

819 ~~(c)~~(d) The ~~department~~ council, in collaboration with the Department of Veterans Service,  
820 shall establish a program through which military medical personnel may provisionally  
821 operate within their scope of practice and training without additional training, experience,  
822 or examination for a period of up to 12 months. During such 12 month period, such  
823 individual may apply for certification at the appropriate level. The program established

824 pursuant to this subsection shall not conflict with or supplant Code Section 38-3-71 or  
825 Georgia's status as a member of the EMS Interstate Compact.

826 ~~(d) As used in this Code section, the term 'military medical personnel' means an individual  
827 who has, within 12 months of seeking certification pursuant to this Code section, served  
828 as a medic in the United States Army, medical technician in the United States Air Force,  
829 or corpsman in the United States Navy or Coast Guard and who was discharged or released  
830 from such service under conditions other than dishonorable.~~

831 (e) Any rules, regulations, policies, standards, programs, procedures, or administrative  
832 orders issued by the council under this Code section shall succeed to the rules, regulations,  
833 policies, standards, programs, procedures, or administrative orders of a predecessor agency,  
834 in accordance with Code Section 31-11-4."

835 **SECTION 3-6.**

836 Said chapter is further amended in said article by revising Code Section 31-11-53.1, relating  
837 to automated external defibrillator program, establishment, regulations, and liability, as  
838 follows:

839 "31-11-53.1.

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

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

842 (A) Is capable of cardiac rhythm analysis;

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

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

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

848 ~~(3) 'First responder' means any person or agency who provides on-site care until the  
849 arrival of a duly licensed ambulance service. This shall include, but not be limited to,~~

850 ~~persons who routinely respond to calls for assistance through an affiliation with law~~  
851 ~~enforcement agencies, fire suppression agencies, rescue agencies, and others.~~

852 (b) It is the intent of the General Assembly that an automated external defibrillator may  
853 be used by any person for the purpose of saving the life of ~~another person~~ an individual in  
854 cardiac arrest. In order to ensure public health and safety:

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

859 (A) A nationally recognized ~~healthcare provider/professional~~ healthcare provider or  
860 professional rescuer level cardiopulmonary resuscitation course; and

861 (B) A ~~department~~ council established or approved course which includes demonstrated  
862 proficiency in the use of an automated external defibrillator;

863 (2) All persons and agencies possessing and maintaining an automated external  
864 defibrillator shall notify the appropriate emergency medical services system of the  
865 existence and location of the automated external defibrillator prior to said defibrillator  
866 being placed in use;

867 (3) All ~~persons~~ individuals who use an automated external defibrillator shall activate the  
868 emergency medical services system as soon as reasonably possible by calling 9-1-1 or the  
869 appropriate emergency telephone number upon use of the automated external  
870 defibrillator; and

871 (4) Within a reasonable period of time, all ~~persons~~ individuals who use an automated  
872 external defibrillator shall make available a printed or electronically stored report related  
873 to such usage to the licensed ~~emergency medical services provider~~ which transports the  
874 patient provider of emergency medical transportation.

875 (c) All persons who provide instruction to others in the use of the automated external  
876 defibrillator shall have completed an instructor course established or approved by the  
877 ~~department council~~.

878 (d) The ~~department council~~ shall establish an automated external defibrillator program for  
879 use by emergency medical technicians. Such program shall be subject to the direct  
880 supervision of a medical adviser approved under Code Section 31-11-50. No emergency  
881 medical technician shall be authorized to use an automated external defibrillator to  
882 defibrillate a ~~person patient~~ unless that defibrillator is a properly maintained automated  
883 external defibrillator and that emergency medical technician:

884 (1) Submits to and has ~~approved by the department~~ received approval from the council  
885 an application for such use, and in considering that application the ~~department council~~  
886 may obtain and use the recommendation of the ~~local coordinating entity for the health~~  
887 ~~district~~ REMSAC for the EMS region in which the applicant will use such defibrillator;

888 (2) Successfully completes an automated external defibrillator training program  
889 established or approved by the ~~department council~~;

890 (3) Is subject to protocols requiring that both the emergency physician who receives a  
891 patient defibrillated by that emergency medical technician and the medical adviser for the  
892 defibrillator program review the ~~department council~~ required prehospital care report and  
893 any other documentation of the defibrillation of any ~~person patient~~ by that emergency  
894 medical technician and send a written report of such review to the ~~district~~ EMS medical  
895 director of the ~~health district~~ EMS region in which the defibrillation occurred; and

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

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

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

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

921 (h) Any rules, regulations, policies, standards, programs, procedures, or administrative  
922 orders issued by the council under this Code section shall succeed to the rules, regulations,  
923 policies, standards, programs, procedures, or administrative orders of a predecessor agency,  
924 in accordance with Code Section 31-11-4."

925 **SECTION 3-7.**

926 Said chapter is further amended in said article by revising subsection (a) of Code Section  
927 31-11-54, relating to services which may be rendered by paramedics and paramedic trainees,  
928 as follows:

929 "~~(a) Paramedics Upon certification by the department, paramedics~~ may perform any  
930 service that a cardiac technician is permitted to perform. In addition, upon the order of a  
931 duly licensed physician and subject to the conditions set forth in paragraph (2) of  
932 subsection (a) of Code Section 31-11-55, paramedics may perform any other procedures  
933 which they have been both trained and certified to perform, including, but not limited to:

- 934 (1) Administration of parenteral injections of diuretics, anticonvulsants, hypertonic  
935 glucose, antihistamines, bronchodilators, emetics, narcotic antagonists, and others, and  
936 administration of opioid antagonists;  
937 (2) Cardioversion; and  
938 (3) Endotracheal suction."

939 **SECTION 3-8.**

940 Said chapter is further amended in said article by revising subsection (a) of Code  
941 Section 31-11-55, relating to services which may be rendered by certified cardiac technicians  
942 and trainees, as follows:

943 "~~(a) Cardiac Upon certification by the department, cardiac technicians~~ may do any of the  
944 following:

- 945 (1) Render first-aid and resuscitation services;  
946 (2) Upon the order of a duly licensed physician ~~and as recommended by the Georgia~~  
947 ~~Emergency Medical Services Advisory Council~~ and duly approved by the department a  
948 predecessor agency prior to January 1, 2028, or by the council on or after such date:  
949 (A) Perform cardiopulmonary resuscitation and defibrillation in a hemodynamically  
950 unstable patient;

- 951 (B) Administer approved intravenous solutions;
- 952 (C) Administer parenteral injections of antiarrhythmic agents, vagolytic agents,  
 953 chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents or  
 954 administer opioid antagonists;
- 955 (D) Perform pulmonary ventilation by esophageal airway and endotracheal intubation;  
 956 and
- 957 (E) Upon the order of a duly licensed physician during a public health emergency, as  
 958 defined in Code Section 31-12-1.1, administer vaccines."

959 **SECTION 3-9.**

960 Said chapter is further amended in said article by revising subsections (a) and (b) of Code  
 961 Section 31-11-55.1, relating to administration of opioid antagonists by first responders and  
 962 issuance by pharmacies, as follows:

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

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

968 (2)(1) 'Opioid antagonist' means any drug that binds to opioid receptors and blocks or  
 969 inhibits the effects of opioids acting on those receptors and that is approved by the federal  
 970 Food and Drug Administration for the treatment of an opioid related overdose.

971 (3)(2) 'Opioid related overdose' means an acute condition, including, but not limited to,  
 972 extreme physical illness, decreased level of consciousness, respiratory depression, coma,  
 973 mania, or death, resulting from the consumption or use of an opioid or another substance  
 974 with which an opioid was combined or that a layperson would reasonably believe to be  
 975 resulting from the consumption or use of an opioid or another substance with which an  
 976 opioid was combined.

977 (b) An opioid antagonist may be administered or provided by any first responder for the  
 978 purpose of saving the life of a ~~person~~ an individual experiencing an opioid related  
 979 overdose. In order to ensure public health and safety:

980 (1) All first responders who have access to or maintain an opioid antagonist shall obtain  
 981 appropriate training as set forth in ~~the~~ any rules and regulations ~~of the Department of~~  
 982 ~~Public Health~~ duly established under this chapter;

983 (2) All law enforcement agencies, fire departments, rescue agencies, and other similar  
 984 entities shall notify the appropriate emergency medical services system of the possession  
 985 and maintenance of opioid antagonists by its personnel; and

986 (3) Within a reasonable period of time, all first responders who administer or provide an  
 987 opioid antagonist shall make available a printed or electronically stored report to the  
 988 ~~licensed ambulance service~~ ambulance provider which transports the patient."

989 **SECTION 3-10.**

990 Said chapter is further amended in said article by revising subsections (c) and (d) of Code  
 991 Section 31-11-55.2, relating to administration of hydrocortisone sodium succinate and  
 992 training, and adding a new subsection to read as follows:

993 "(c) In order to ensure public health and safety:

994 (1) All emergency medical services personnel shall obtain appropriate training on  
 995 congenital adrenal hyperplasia, and all paramedics shall obtain appropriate training  
 996 regarding administration of hydrocortisone sodium succinate as set forth in the rules and  
 997 regulations of the ~~Department of Public Health~~ council; and

998 (2) Within a reasonable period of time, all paramedics who administer hydrocortisone  
 999 sodium succinate shall make available a printed or electronically stored report to the  
 1000 ~~licensed ambulance service~~ ambulance provider which transports the patient.

1001 (d) The immunity provided in Code Section ~~31-11-8~~ 31-11-13 shall apply to any  
 1002 paramedic who in good faith renders emergency care pursuant to this Code section.

1003 (e) Any rules, regulations, policies, standards, programs, procedures, or administrative  
 1004 orders issued by the council under this Code section shall succeed to the rules, regulations,  
 1005 policies, standards, programs, procedures, or administrative orders of a predecessor agency,  
 1006 in accordance with Code Section 31-11-4."

1007 **SECTION 3-11.**

1008 Said chapter is further amended in said article by revising Code Section 31-11-56, relating  
 1009 to revocation of certificates issued to emergency medical technicians, as follows:

1010 "31-11-56.

1011 Certificates issued to emergency medical technicians pursuant to this chapter may be  
 1012 revoked by the council for good cause, ~~as set forth in the~~ in accordance with any rules and  
 1013 regulations, by the department duly established under this chapter, after notice to the  
 1014 certificate holder of the charges and an opportunity for hearing. ~~Such proceedings shall be~~  
 1015 ~~conducted in accordance with Chapter 13 of Title 50, the 'Georgia Administrative~~  
 1016 ~~Procedure Act.',~~ in accordance with the procedures set forth in Code Section 31-11-15."

1017 **SECTION 3-12.**

1018 Said chapter is further amended in said article by revising Code Section 31-11-57, relating  
 1019 to revocation of certificates issued to paramedics and cardiac technicians, as follows:

1020 "31-11-57.

1021 Certificates issued to paramedics and cardiac technicians pursuant to this chapter may be  
 1022 revoked for good cause by the ~~department~~ council in accordance with ~~established~~ any rules  
 1023 and regulations duly established under this chapter, after notice to the certificate holder of  
 1024 the charges and an opportunity for hearing. ~~Such proceedings shall be conducted in~~  
 1025 ~~accordance with Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.',~~ in  
 1026 accordance with the procedures set forth in Code Section 31-11-15. The ~~department~~  
 1027 council shall have the authority to conduct investigations and subpoena any documents

1028 relating to the fitness of paramedics and cardiac technicians. Such documents may be used  
1029 in any hearing conducted by the ~~department~~ council."

1030 **SECTION 3-13.**

1031 Said chapter is further amended in said article by revising Code Section 31-11-58, relating  
1032 to recertification of emergency medical technicians and continuing education requirements,  
1033 as follows:

1034 "31-11-58.

1035 (a) The ~~department~~ council shall be authorized to require emergency medical technicians  
1036 seeking recertification under this chapter to complete ~~department~~ council approved  
1037 continuing education. The ~~department~~ council shall be authorized to approve courses,  
1038 including, but not limited to, courses offered by the ~~department~~ council, the number of  
1039 hours required, and the category in which these hours should be earned.

1040 (b) The ~~department~~ council shall be authorized to waive the continuing education  
1041 requirement in cases of hardship, disability, illness, or under such other circumstances as  
1042 the ~~department~~ council deems appropriate.

1043 (c) The ~~department~~ council shall be authorized to promulgate rules and regulations to  
1044 implement and ensure compliance with the requirements of this Code section.

1045 (d) This Code section shall apply to each certification and recertification cycle which  
1046 begins after ~~the 1992-1993 renewal~~ January 1, 2028."

1047 **SECTION 3-14.**

1048 Said chapter is further amended in said article by revising Code Section 31-11-58.1, relating  
1049 to recertification of paramedics and cardiac technicians and continuing education  
1050 requirements, as follows:

1051 "31-11-58.1.

1052 (a) The ~~department~~ council shall be authorized to require paramedics and cardiac  
 1053 technicians seeking recertification under this chapter to complete ~~department~~ council  
 1054 approved continuing education of not less than 40 hours biennially. The ~~department~~  
 1055 council shall be authorized to approve courses, including but not limited to courses offered  
 1056 by the ~~department~~ council, the number of hours required, and the category in which these  
 1057 hours should be earned.

1058 (b) The ~~department~~ council shall be authorized to waive the continuing education  
 1059 requirement in cases of hardship, disability, illness, or under such other circumstances as  
 1060 the ~~department~~ council deems appropriate.

1061 (c) The ~~department~~ council shall be authorized to promulgate rules and regulations to  
 1062 implement and ensure compliance with the requirements of this Code section.

1063 (d) This Code section shall apply to each certification and recertification cycle which  
 1064 begins after ~~the renewal deadline in 2000~~ January 1, 2028."

1065 **SECTION 3-15.**

1066 Said chapter is further amended in said article by revising Code Section 31-11-60, relating  
 1067 to obtaining and administering drugs by certified employees of counties or municipalities,  
 1068 as follows:

1069 "31-11-60.

1070 (a) Any emergency medical technician, paramedic, or cardiac technician who is certified  
 1071 under this article and who works for a county or municipal police department, fire  
 1072 department, or rescue unit is authorized to obtain any substance which such ~~person~~  
 1073 technician or paramedic is authorized to administer by virtue of ~~his~~ such certification. Any  
 1074 such unit to which the emergency medical technician, paramedic, or cardiac technician is  
 1075 attached must be duly licensed ~~by the department~~ as a medical first responder unit by a  
 1076 predecessor agency prior to January 1, 2028, or by the council on or after such date. Such

1077 unit may then obtain from a hospital pharmacy those legend drugs listed and legally  
 1078 permitted to be used by ~~paramedics~~, emergency medical technicians, paramedics, or  
 1079 cardiac technicians. The first responder unit shall have a signed agreement with the  
 1080 hospital in order for the hospital to furnish such drugs, and a copy of this agreement must  
 1081 be filed with the Georgia Drugs and Narcotics Agency. The requirements for  
 1082 administering, controlling, and storing these drugs shall be the same as the requirements  
 1083 for a standard ward inventory in a hospital.

1084 (b) Any substance obtained under subsection (a) of this Code section shall be used only  
 1085 in connection with the emergency medical technician's, paramedic's, or cardiac technician's  
 1086 employment with the county or municipality, as such, and only while on duty as an  
 1087 emergency medical technician, paramedic, or cardiac technician.

1088 (c) It shall not be necessary for an emergency medical technician, paramedic, or cardiac  
 1089 technician to be assigned to a ~~licensed~~ an ambulance service provider in order to obtain any  
 1090 substance under subsection (a) of this Code section."

### 1091 SECTION 3-16.

1092 Said chapter is further amended in said article by revising Code Section 31-11-60.1, relating  
 1093 to program for physician control over emergency medical services to nonhospital patients,  
 1094 as follows:

1095 "31-11-60.1.

1096 (a) As used in this Code section, the term:

1097 (1) 'Ambulance provider medical director' ~~'Ambulance service medical director'~~ means  
 1098 a physician licensed to practice in this state and subject to the approval of the ~~local~~  
 1099 ~~coordinating entity and the department~~ REMSAC and the council who has agreed, in  
 1100 writing, to provide medical direction to a specific ~~ambulance service~~ ambulance provider.

1101 (2) 'Base station facility' means any facility responsible for providing direct physician  
 1102 control of emergency medical services.

1103 (3) 'District emergency medical services medical director' means ~~a person~~ an individual  
1104 who is:

1105 (A) A physician licensed to practice medicine in this state;

1106 (B) Familiar with the design and operation of prehospital emergency services systems;

1107 (C) Experienced in the prehospital emergency care of acutely ill or injured patients;  
1108 and

1109 (D) Experienced in the administrative processes affecting regional and state prehospital  
1110 emergency medical services systems.

1111 (4) 'Emergency medical services personnel' means any emergency medical technician,  
1112 paramedic, cardiac technician, or ~~designated~~ first responder who is certified under this  
1113 article.

1114 (b) The ~~department~~ council and the district emergency medical services medical directors  
1115 shall develop and implement a program to ensure appropriate physician control over the  
1116 rendering of emergency medical services by emergency medical services personnel to  
1117 patients who are not in a hospital, which program shall succeed to any program developed  
1118 and implemented by a predecessor agency and the district emergency medical services  
1119 medical directors prior to January 1, 2028. Such program shall include but not be limited  
1120 to the following:

1121 (1) Medical protocols regarding permissible and appropriate emergency medical services  
1122 which may be rendered by emergency medical services personnel to a patient not in a  
1123 hospital;

1124 (2) Communication protocols regarding which medical situations require direct voice  
1125 communication between emergency medical services personnel and a physician or a  
1126 nurse or a paramedic or a physician assistant in direct communication with a physician  
1127 prior to those emergency medical services personnel's rendering specified emergency  
1128 medical services to a patient not in a hospital;

- 1129 (3) Record-keeping and accountability requirements for emergency medical services  
1130 personnel and base station facility personnel in order to monitor compliance with this  
1131 subsection; and
- 1132 (4) Base station facility standards.
- 1133 (c) The ambulance ~~service~~ provider medical director shall serve as the medical authority  
1134 for the ambulance ~~service~~ provider, performing liaison activities with the medical  
1135 community, medical facilities, and governmental agencies. The ambulance ~~service~~  
1136 provider medical director shall be responsible for the provision of medical direction and  
1137 training for the emergency medical services personnel providing ambulance ~~service~~  
1138 services for the ambulance provider for which he or she is responsible in conformance with  
1139 acceptable emergency medical practices and procedures. These responsibilities shall  
1140 include the duties set forth in the ~~department's~~ council's rules and regulations for the  
1141 provision of ambulance services.
- 1142 (d) The district emergency medical services medical director shall not override those  
1143 policies or protocols of the ambulance ~~service~~ provider medical director if that ambulance  
1144 ~~service~~ provider medical director is documenting compliance with the ~~department's~~  
1145 council's rules and regulations for the provision of ambulance services.
- 1146 (e) Every base station facility shall comply with the policies, protocols, requirements, and  
1147 standards provided for in subsection (b) of this Code section.
- 1148 (f) All emergency medical services personnel shall comply with appropriate policies,  
1149 protocols, requirements, and standards of the ambulance ~~service~~ provider medical director  
1150 for that service or the policies, protocols, requirements, and standards provided for in  
1151 subsection (b) of this Code section.
- 1152 (g) Conduct which would otherwise constitute a violation of subsection (f) of this Code  
1153 section shall not be such a violation if such conduct was carried out by any emergency  
1154 medical services personnel pursuant to an order from a physician, the ambulance ~~service~~  
1155 provider medical director for such ~~person~~ personnel, or the protocol of that ambulance

1156 ~~service provider~~ as approved by the ambulance ~~service provider~~ medical director for such  
 1157 ~~person personnel~~.

1158 (h) Violation by any base station facility of subsection (e) of this Code section may be  
 1159 grounds for the removal of that base station facility's designation by the ~~department~~  
 1160 council.

1161 (i) Enforcement of subsections (g) and (h) of this Code section by the council shall  
 1162 commence no earlier than ~~12 months after July 1, 1989~~ January 1, 2028."

1163 **SECTION 3-17.**

1164 Said chapter is further amended in said article by revising subsections (a) and (b) of Code  
 1165 Section 31-11-60.2, relating to testing for illegal drug usage and requirements, as follows:

1166 "(a) All persons licensed or certified based upon successful completion of training set forth  
 1167 in paragraph (1) of subsection (e) of Code Section 31-11-51 or paragraph (1) of  
 1168 subsection ~~(e)~~ (d) of Code Section 31-11-52 shall be subject to random testing for evidence  
 1169 of use of illegal drugs. Such testing shall occur at least biannually for the first two years  
 1170 of licensure or certification. Such testing shall be noninvasive and may be conducted at  
 1171 any time during the calendar year, and the cost of all such testing shall be borne by the  
 1172 employer. If the drug test shows the presence of drugs in the employee's system, the results  
 1173 of the test will be confirmed with an alternative method by using the same urine sample.

1174 (b) The ~~department~~ council shall adopt rules and regulations to establish for purposes of  
 1175 testing and retesting for illegal drugs:

- 1176 (1) Which illegal drugs will be the subject of testing;
- 1177 (2) Methods for ensuring minimal privacy intrusions during collection of body fluid  
 1178 specimens for such testing;
- 1179 (3) Methods for ensuring proper storage, transportation, and handling of such specimens  
 1180 in order to maintain the integrity of the testing process;

1181 (4) Which persons should be entitled to the results of such tests and which methods  
 1182 should be used for ensuring that only authorized persons are given access to such results;  
 1183 (5) A list of laboratories qualified to conduct established drug tests; and  
 1184 (6) Procedures through which emergency medical services personnel, paramedics, or  
 1185 cardiac technicians, prior to the collection of body fluid specimens for such testing, may  
 1186 provide information to their employers regarding use of any drug pursuant to a medical  
 1187 prescription or, as otherwise authorized by law, any substance which could affect the  
 1188 results of such test."

1189 **PART IV**

1190 *Emergency Services*

1191 **SECTION 4-1.**

1192 Said chapter is further amended in Article 4, relating to emergency services, by revising  
 1193 paragraph (2) of Code Section 31-11-81, relating to definitions, as follows:

1194 "(2) 'Emergency medical provider' means any provider of emergency medical  
 1195 transportation duly licensed or permitted by ~~the Department of Public Health~~ a  
 1196 predecessor agency prior to January 1, 2028, or by the council on or after such date, any  
 1197 hospital licensed or permitted by the ~~Department of Community Health~~ department, any  
 1198 hospital based service, or any physician licensed by the ~~Georgia Composite Medical~~  
 1199 ~~Board~~ composite board who provides emergency services."

1200 **SECTION 4-2.**

1201 Said chapter is further amended in said article by revising subsection (b) of Code  
 1202 Section 31-11-82, relating to evaluation of emergency condition required, stabilization of  
 1203 patient, and prospective authorization by insurer, as follows:

1204 "(b) If in the opinion of the attending physician or ~~licensed ambulance service~~ ambulance  
 1205 provider personnel acting under the medical direction of an ambulance ~~service~~ provider  
 1206 medical director, as defined in Code Section 31-11-60.1, the evaluation provided under  
 1207 subsection (a) of this Code section warrants, he or she may initiate appropriate intervention  
 1208 to stabilize the condition of the patient without seeking or receiving prospective  
 1209 authorization by an insurer, a health maintenance organization, or a private health benefit  
 1210 plan. No insurer, health maintenance organization, or private health benefit plan may  
 1211 subsequently deny payment for an evaluation, diagnostic testing, or treatment provided as  
 1212 part of such intervention for an emergency condition."

1213 **PART V**

1214 *Georgia Trauma Care Network Commission*

1215 **SECTION 5-1.**

1216 Said chapter is further amended in Article 5, relating to Georgia Trauma Care Network  
 1217 Commission, by revising paragraph (3) of Code Section 31-11-100, relating to definitions,  
 1218 as follows:

1219 "(3) 'Trauma center' means a facility designated by the Department of Public Health as  
 1220 a Level I, II, III, or IV or burn trauma center. However, a burn trauma center shall not  
 1221 be considered or treated as a trauma center for purposes of certificate of need  
 1222 requirements under state law or regulations, including exceptions to need and adverse  
 1223 impact standards allowed by the ~~department~~ Department of Public Health for trauma  
 1224 centers or for purposes of identifying safety net hospitals."

1225 **PART VI**

1226 *System of Certified Stroke Centers*

1227 **SECTION 6-1.**

1228 Said chapter is further amended in Article 6, relating to system of certified stroke centers, by  
 1229 repealing in its entirety Code Section 31-11-111, relating to "department" defined, and  
 1230 designating said Code section as reserved.

1231 **SECTION 6-2.**

1232 Said chapter is further amended in said article by revising Code Section 31-11-112, relating  
 1233 to identification of stroke centers, as follows:

1234 "31-11-112.

1235 (a) The ~~department~~ council shall identify hospitals that meet the criteria set forth in this  
 1236 article as comprehensive, primary, or remote treatment stroke centers. In addition, the  
 1237 ~~department~~ council shall be authorized to establish one or more additional levels of stroke  
 1238 centers, in consultation with the Georgia Coverdell Acute Stroke Registry, as necessary  
 1239 based on advancements in medicine and patient care.

1240 (b) A hospital shall apply to the ~~department~~ council for such identification and shall  
 1241 demonstrate to the satisfaction of the ~~department~~ council that the hospital meets the  
 1242 applicable criteria set forth in or established in accordance with Code Section 31-11-113.

1243 (c) The ~~department~~ council shall identify as many hospitals as stroke centers as apply for  
 1244 the identification, provided that each applicant meets the applicable criteria set forth in  
 1245 Code Section 31-11-113 or established by the ~~department~~ council.

1246 (d) The ~~department~~ council may suspend or revoke a hospital's identification as a stroke  
 1247 center, after notice and hearing, if the ~~department~~ council determines that the hospital is not  
 1248 in compliance with the requirements of this article."

**SECTION 6-3.**

1249

1250 Said chapter is further amended in said article by revising Code Section 31-11-113, relating  
1251 to certification, application process, and inspections, as follows:

1252 "31-11-113.

1253 (a) A hospital identified as a comprehensive or primary stroke center shall be certified as  
1254 such by a national ~~health-care~~ healthcare accreditation body recognized by the ~~department~~  
1255 council. Any hospital wishing to receive official identification under this subsection shall  
1256 submit a written application to the ~~department~~ council, providing adequate documentation  
1257 of the hospital's valid certification as a comprehensive or primary stroke center by any such  
1258 national ~~health-care~~ healthcare accreditation body.

1259 (b) Remote treatment stroke centers shall be certified and identified by the ~~department~~  
1260 council either by certification as an acute stroke-ready hospital by a national ~~health-care~~  
1261 healthcare accreditation body recognized by the ~~department~~ council or through an  
1262 application process to be determined by the ~~department~~ council. Said application process  
1263 shall contain, at minimum, the following requirements:

1264 (1) Remote treatment stroke center certifications and identifications by the ~~department~~  
1265 council are limited to those hospitals that utilize current and acceptable telemedicine  
1266 protocols relative to acute stroke treatment as defined by the ~~department~~ council;

1267 (2) Upon receipt of complete and proper application for certification as a remote  
1268 treatment stroke center, the ~~department~~ council shall schedule and conduct an inspection  
1269 of the applicant's facility no later than 90 days after receipt of application; and

1270 (3) Any hospital, upon certification by the ~~department~~ council as a remote treatment  
1271 stroke center, shall automatically be identified as a remote treatment stroke center and  
1272 shall be added to the list of such hospitals maintained pursuant to subsection (a) of Code  
1273 Section 31-11-115.

1274 (c) Any additional levels of stroke centers established by the ~~department~~ council pursuant  
1275 to subsection (a) of Code Section 31-11-112 shall be certified by the ~~department~~ council

1276 in accordance with any criteria and guidelines established by the ~~department~~ council in  
1277 rules and regulations.

1278 (d) Comprehensive and primary stroke centers are encouraged to coordinate, through  
1279 agreement, with remote treatment stroke centers throughout the state to provide appropriate  
1280 access to care for acute stroke patients. The coordinating stroke care agreements shall be  
1281 in writing and include at minimum:

1282 (1) Transfer agreements for the transport and acceptance of all stroke patients seen by  
1283 the remote treatment stroke center for stroke treatment therapies which the remote  
1284 treatment stroke center is not capable of providing; and

1285 (2) Communication criteria and protocols with the remote treatment stroke centers."

1286 **SECTION 6-4.**

1287 Said chapter is further amended in said article by revising Code Section 31-11-114, relating  
1288 to grants and reports, as follows:

1289 "31-11-114.

1290 (a) In order to encourage and ensure the establishment of stroke centers throughout the  
1291 state, the ~~department~~ council shall award grants, subject to appropriations from the General  
1292 Assembly, to hospitals that seek identification as remote treatment stroke centers and  
1293 demonstrate a need for financial assistance to develop the necessary infrastructure,  
1294 including personnel and equipment, in order to satisfy the criteria for identification as a  
1295 remote treatment stroke center pursuant to subsection (b) of Code Section 31-11-113.

1296 (b) A hospital seeking identification as a remote treatment stroke center pursuant to this  
1297 article may apply to the ~~department~~ council for a grant, in a manner and on a form required  
1298 by the ~~department~~ council, and provide such information as the ~~department~~ council deems  
1299 necessary to determine if the hospital is eligible for the grant.

1300 (c) The ~~department~~ council may provide grants to as many hospitals as it deems  
 1301 appropriate, subject to appropriations, taking into consideration adequate geographic  
 1302 diversity with respect to locations.

1303 (d) The ~~department~~ council shall annually prepare and submit to the Governor, the  
 1304 President of the Senate, the Speaker of the House of Representatives, and the chairpersons  
 1305 of the House Committee on Health and Human Services and the Senate Health and Human  
 1306 Services Committee for distribution to its committee members a report indicating the total  
 1307 number of hospitals that have applied for grants pursuant to this Code section, the number  
 1308 of applicants that have been determined by the ~~department~~ council to be eligible for such  
 1309 grants, the total number of grants to be awarded, the name and address of each grantee  
 1310 hospital, the amount of the award to each grantee, and the amount of each award to be  
 1311 disbursed to the grantee."

#### 1312 SECTION 6-5.

1313 Said chapter is further amended in said article by revising Code Section 31-11-115, relating  
 1314 to distribution of list of stroke centers, development of assessment tool, and protocols for  
 1315 emergency medical service providers, as follows:

1316 "31-11-115.

1317 (a) Beginning ~~June 1, 2009~~ January 1, 2028, and each year thereafter, the ~~department~~  
 1318 council shall send a list of comprehensive, primary, remote treatment, and other level  
 1319 stroke centers identified pursuant to Code Section 31-11-113 to the medical director of  
 1320 each licensed emergency medical services provider in this state, shall maintain a copy of  
 1321 the list ~~in the office designated with the department to oversee emergency medical services,~~  
 1322 and shall coordinate with the department to post a list of comprehensive, primary, remote  
 1323 treatment, and other level stroke centers on the department's website.

1324 (b) The ~~department~~ council shall adopt or develop a sample stroke triage assessment tool.  
 1325 The ~~department~~ council shall coordinate with the department to post this sample

1326 assessment tool on its department's website and distribute a copy of the sample assessment  
1327 tool to each licensed emergency medical services provider ~~no later than December 31, 2008~~  
1328 as soon as practicable. Each licensed emergency medical services provider shall use a  
1329 stroke triage assessment tool that is substantially similar to the sample stroke triage  
1330 assessment tool provided by the ~~department~~ council.

1331 (c) ~~The office designated within the department to oversee emergency medical services~~  
1332 council shall establish protocols related to the assessment, treatment, triage, and transport  
1333 of stroke patients, including transport to the appropriate level stroke centers, by licensed  
1334 emergency medical services providers in this state.

1335 (d) Any assessment tools or protocols of the council shall succeed to the assessment tools  
1336 or protocols of a predecessor agency, in accordance with Code Section 31-11-4."

1337 **SECTION 6-6.**

1338 Said chapter is further amended in said article by revising Code Section 31-11-116, relating  
1339 to annual reports, as follows:

1340 "31-11-116.

1341 (a) In order to assure that the patients are receiving the appropriate level of care and  
1342 treatment at each level of stroke center in the state, each hospital identified as a stroke  
1343 center shall annually report information, as specified by the ~~department~~ council in its rules  
1344 and regulations, to the ~~department~~ council.

1345 (b) The ~~department~~ council shall collect the information reported pursuant to  
1346 subsection (a) of this Code section and shall coordinate with the department to post such  
1347 information in the form of a report card annually on the department's website and present  
1348 such report to the Office of Health Strategy and Coordination. The results of this report  
1349 card may be used by the ~~department~~ council to conduct training with the identified facilities  
1350 regarding best practices in the treatment of stroke.

1351 (c) In no way shall this article be construed to require disclosure of any confidential  
1352 information or other data in violation of the federal Health Insurance Portability and  
1353 Accountability Act of 1996, P.L. 104-191."

1354 **SECTION 6-7.**

1355 Said chapter is further amended in said article by revising Code Section 31-11-118, relating  
1356 to advertising, as follows:

1357 "31-11-118.

1358 A hospital may not advertise to the public, by way of any medium whatsoever, that it is  
1359 identified by the state as a comprehensive, primary, remote treatment, or other level stroke  
1360 center unless the hospital has been identified as such by the ~~department~~ council pursuant  
1361 to this article."

1362 **SECTION 6-8.**

1363 Said chapter is further amended in said article by revising Code Section 31-11-119, relating  
1364 to rules and regulations, as follows:

1365 "31-11-119.

1366 The ~~department~~ council shall be authorized to promulgate rules and regulations to carry out  
1367 the purposes of this article. Such rules and regulations shall succeed to the rules and  
1368 regulations of a predecessor agency, in accordance with Code Section 31-11-4."

**PART VII***Emergency Cardiac Care Centers***SECTION 7-1.**1369  
1370  
1371

1372 Said chapter is further amended in Article 7, relating to emergency cardiac care centers, by  
1373 revising Code Section 31-11-132, relating to Office of Cardiac Care and level designations  
1374 and requirements, as follows:

1375 "31-11-132.

1376 (a) There shall be established the Office of Cardiac Care within the ~~Department of Public~~  
1377 ~~Health~~ council. The office shall administer the designation process provided for in this  
1378 article, including, but not limited to, data collection, analysis and reporting, and site  
1379 visits.

1380 (b) The office shall designate hospitals that meet the criteria set forth in this article as  
1381 emergency cardiac care centers. Each emergency cardiac care center shall be further  
1382 designated as Level I, Level II, or Level III by the office. The criteria for each level  
1383 designation shall be established by the office and shall include, at a minimum, the  
1384 following:

1385 (1) Level I shall have:

1386 (A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days  
1387 per week, 365 days per year;

1388 (B) On-site cardiothoracic surgery capability available 24 hours, seven days per  
1389 week, 365 days per year;

1390 (C) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest  
1391 patients;

1392 (D) The ability to implant percutaneous left ventricular assist devices for support of  
1393 hemodynamically unstable patients experiencing out-of-hospital cardiac arrest or heart  
1394 attack;

- 1395 (E) Neurologic protocols to measure functional status at hospital discharge; and  
 1396 (F) The ability to implant automatic implantable cardioverter defibrillators;  
 1397 (2) Level II shall have:  
 1398 (A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days  
 1399 per week, 365 days per year, but no on-site cardiothoracic surgery capability;  
 1400 (B) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest  
 1401 patients;  
 1402 (C) Neurologic protocols to measure functional status at hospital discharge; and  
 1403 (D) A written transfer plan with one or more Level I emergency cardiac care centers  
 1404 for patients who need left ventricular assist devices or cardiothoracic surgery;  
 1405 (3) Level III shall have:  
 1406 (A) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest  
 1407 patients; and  
 1408 (B) A written plan for systematic transfer to a Level I or Level II facility; and  
 1409 (4) The ~~department~~ council shall be authorized to establish one or more additional levels  
 1410 of cardiac care centers as necessary based upon advancements in medicine and patient  
 1411 care."

1412 **PART VIII**

1413 *Conforming Changes*

1414 **SECTION 8-1.**

1415 Chapter 10 of Title 16 of the Official Code of Georgia Annotated, relating to offenses against  
 1416 public administration, is amending by revising Code Section 16-10-29, relating to request for  
 1417 ambulance service when not reasonably needed, as follows:

1418 "16-10-29.

1419 (a) It shall be unlawful for any person to transmit in any manner a request for ambulance  
 1420 ~~service~~ services to any person, firm, or corporation furnishing ambulance ~~service~~ services,  
 1421 public or private, knowing at the time of making the request for ambulance ~~service~~ services  
 1422 that there exists no reasonable need for such ambulance ~~service~~ services.

1423 (b) Any person who violates subsection (a) of this Code section shall be guilty of a  
 1424 misdemeanor."

1425 **SECTION 8-2.**

1426 Chapter 11 of Title 16 of the Official Code of Georgia Annotated, relating to offenses against  
 1427 public order and safety, is amending by revising subsection (a) of Code Section 16-11-42,  
 1428 relating to refusal to relinquish telephone party line in case of emergency, false request on  
 1429 party line as to emergency, and warning printed in telephone books, as follows:

1430 "(a) A person is guilty of a misdemeanor when he or she fails to relinquish a telephone  
 1431 party line consisting of subscriber line telephone circuit with two or more main telephone  
 1432 stations connected therewith, each having a distinctive ring or telephone number, after ~~he~~  
 1433 such person has been requested to do so to permit another to place a call in an emergency,  
 1434 in which property or human life is in jeopardy and the prompt summoning of aid is  
 1435 essential, to a fire or police department or for medical aid or ambulance ~~service~~ services,  
 1436 if the party line at the time of the request is not being used for any such other emergency  
 1437 call. Any person who shall request the use of the party line by falsely stating that the same  
 1438 is needed for any of such purposes, knowing the statement to be false, is guilty of a  
 1439 misdemeanor."

1440 **SECTION 8-3.**

1441 Chapter 8 of Title 40 of the Official Code of Georgia Annotated, relating to equipment and  
 1442 inspection of motor vehicles, is amending by revising subsection (a) of Code

1443 Section 40-8-92, relating to designation of emergency vehicles, flashing or revolving lights,  
1444 permits, fee, and use of flashing or revolving green lights on public property, as follows:

1445 "(a) The commissioner of public safety shall be authorized to designate certain motor  
1446 vehicles as emergency vehicles. The commissioner of public safety shall so designate each  
1447 vehicle by issuing to such vehicle a permit to operate flashing or revolving emergency  
1448 lights of the appropriate color. Such permit shall be valid for five years from the date of  
1449 issuance. Any and all officially marked law enforcement vehicles as specified in Code  
1450 Section 40-8-91 shall not be required to have a permit for the use of a blue light. Any and  
1451 all fire department vehicles which are distinctly marked on each side shall not be required  
1452 to have a permit for the use of a red light. Any and all motor vehicles which are operated  
1453 ~~for ambulance services as ambulance providers, as defined in Code Section 31-11-2, under~~  
1454 ~~a valid license from the Emergency Health Section of the Department of Public Health~~  
1455 shall not be required to have a permit for the use of a red light."

#### 1456 SECTION 8-4.

1457 The Official Code of Georgia Annotated is amended by replacing "ambulance service" with  
1458 "ambulance provider", "licensed ambulance services" with "ambulance providers", "a duly  
1459 licensed ambulance service" with "an ambulance provider", and "a licensed ambulance  
1460 service" with "an ambulance provider" wherever the terms or phrases occur in:

- 1461 (1) Code Section 24-9-921, relating to identification of medical bills and expert witness  
1462 unnecessary;
- 1463 (2) Code Section 26-4-5, relating to definitions relative to pharmacists and pharmacies;
- 1464 (3) Code Section 26-4-116.2, relating to licensed health practitioners authorized to  
1465 prescribe opioid antagonists, pharmacists authorized to fill prescriptions, and immunity  
1466 from liability;
- 1467 (4) Code Section 33-20A-9, relating to emergency services requirements and restrictive  
1468 formulary requirements;

- 1469 (5) Code Section 33-30-24, relating to health benefit plans providing incentives to use  
1470 services of preferred providers and minimum requirements;
- 1471 (6) Code Section 37-3-101, relating to transportation of patients generally relative to  
1472 examination and treatment of mental illness;
- 1473 (7) Code Section 37-7-101, relating to transportation of patients generally relative to  
1474 hospitalization and treatment of alcoholics, drug dependent individuals, and drug abusers;  
1475 and
- 1476 (8) Code Section 40-2-86.1, relating to license plates promoting or supporting certain  
1477 agencies, funds, or nonprofit corporations or issued to qualified motor vehicles or owners  
1478 with proceeds deposited in the general fund.

1479 **SECTION 8-5.**

1480 The Official Code of Georgia Annotated is amended by replacing "air ambulance service"  
1481 with "air ambulance services" and "Air ambulance service" with "Air ambulance services"  
1482 wherever the terms occur in:

- 1483 (1) Code Section 33-1-21, relating to certain subscription agreements for prepaid air  
1484 ambulance service not contract of insurance and definitions;
- 1485 (2) Code Section 31-11-33, relating to insurance coverage requirements;
- 1486 (3) Code Section 33-24-47.1, relating to notice prior to cancellation or nonrenewal of  
1487 individual or group accident and sickness policy;
- 1488 (4) Code Section 33-29-1, relating to "accident and sickness policy" defined and  
1489 applicability of chapter;
- 1490 (5) Code Section 33-29A-31, relating to relating to definitions relative to individual  
1491 accident and sickness insurance; and
- 1492 (6) Code Section 43-25-8, relating to promulgation of rules and regulations by Safety Fire  
1493 Commissioner.

**PART IX***Effective Date and Repealer***SECTION 9-1.**

1497 (a) This Act shall become effective on January 1, 2028, except as provided otherwise in  
1498 subsection (b) of this section.

1499 (b) Code Section 31-11-5 of this Act shall become effective on July 1, 2027.

**SECTION 9-2.**

1501 All laws and parts of laws in conflict with this Act are repealed.