

The House Committee on Regulated Industries offers the following substitute to HB 1446:

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

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19 of Georgia Annotated, so as to make conforming changes; to provide for related matters; to
20 provide for effective dates; to repeal conflicting laws; and for other purposes.

21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

22 **PART I**

23 *Emergency Medical Services Generally*

24 **SECTION 1-1.**

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

28 "ARTICLE 1

29 31-11-1.

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

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

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

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

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

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

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

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

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

60 31-11-2.

61 As used in this chapter, the term:

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

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

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

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

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

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

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

80 (B) Any air ambulance services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

159 31-11-3.

160 Except as otherwise expressly provided, all powers, functions, duties, and obligations of
161 the Department of Public Health under this chapter, as they exist on December 31, 2027,
162 with the exception of subsections (a) and (b) of Code Section 31-11-10, relating to the
163 designation of REMSACs, 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 Georgia Emergency Medical Services and Trauma Council, is
202 surrendered by the holder, or is otherwise terminated under this chapter.

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

207 31-11-5.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

252 31-11-6.

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

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

255 (2) To establish an internal code of conduct which shall contain member disclosure and
256 conflict of interest policies;

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

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

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

265 (6) To prescribe reasonable health, sanitation, and safety standards for transporting
266 patients in ambulances;

267 (7) To prescribe reasonable conditions under which ambulance attendants are required;

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

274 (9) To establish minimum curriculum requirements for schools operated by or for any
275 employing agency for the specific purpose of training first responders, emergency
276 medical technicians, paramedics, paramedic clinical preceptors, ambulance attendants,
277 cardiac technicians, and such other emergency medical service personnel as determined
278 by the council;

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

284 (11) To permit the emergency medical technician course to be offered at area hospitals
285 and area vocational technical schools in conjunction with their emergency patient care
286 and personnel training programs;

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

291 (13) To make recommendations concerning any matter within its purview;

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

296 (15) To certify any individual satisfactorily complying with the training program
297 established in accordance with paragraph (13) of this subsection and the qualifications
298 for employment under this chapter;

299 (16) To issue a certificate to any individual who has received training in another state as
300 or who has received training by the United States government as a first responder,

301 emergency medical technician, paramedic, paramedic clinical preceptor, ambulance
302 attendant, cardiac technician, or such other emergency medical service personnel as
303 determined by the council, when the council has determined that the training was at least
304 equivalent to that required by the council for approved education and training programs
305 in this state for such profession and when the individual has satisfactorily complied with
306 all other requirements of this chapter;

307 (17) To accept donations, gifts, property, and other contributions and to use the same for
308 carrying out the purposes of this chapter; and

309 (18) To promulgate rules and regulations as reasonably necessary to administer and
310 implement the provisions of this chapter.

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

315 31-11-7.

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

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

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

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

324 (b) The council shall be subject to Chapter 14 of Title 50, relating to open meetings, and
325 Article 4 of Chapter 18 of Title 50, relating to open records.

326 (c) The council shall make an annual report of its activities to the Governor and to the
327 General Assembly and shall include in such report any recommendations for appropriate
328 legislation. The council shall not be required to distribute copies of such report to the
329 members of the General Assembly but shall notify the members of the availability of the
330 report in the manner it deems to be most effective and efficient.

331 31-11-8.

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

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

337 31-11-9.

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

345 31-11-10.

346 (a)(1) Subject to paragraph (2) of this subsection, the board shall as soon as practicable
347 designate and contract with a public or private nonprofit local entity to administer and
348 coordinate the EMSC Program for each EMS region provided for pursuant to Code

349 Section 31-11-9. Any such local entity designated or contracted with shall be known as
350 a regional emergency medical services advisory council or REMSAC.

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

364 (3) In designating and contracting with a REMSAC pursuant to this subsection, the board
365 shall take all steps necessary to ensure that each REMSAC conducts its business in
366 accordance with Chapter 14 of Title 50, relating to open meetings, and Article 4 of
367 Chapter 18 of Title 50, relating to open records.

368 (b) Each REMSAC shall be composed of between 25 to 50 members who are
369 knowledgeable of the EMSC Program and meet such other requirements as the board may
370 prescribe, one of whom shall serve as chairperson of such REMSAC.

371 (c) At such times as the council shall prescribe, each REMSAC shall recommend to the
372 council or its designee the manner in which the EMSC Program is to be conducted. In
373 making its recommendations, the REMSAC shall give priority to making the EMSC
374 Program function as efficiently and economically as possible.

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

377 (2) Each REMSAC designated by the board pursuant to subsection (a) of this Code
378 section shall request from each ambulance provider in its EMS region a written
379 description of the territory in which it can respond to emergency calls. Each ambulance
380 provider shall submit such written description to a REMSAC within ten days of any
381 request by such REMSAC.

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

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

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

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

410 31-11-11.

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

416 31-11-12.

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

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

426 31-11-13.

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

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

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

436 31-11-14.

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

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

448 31-11-15.

449 Hearings shall be required for any and all quasi-judicial actions and in any other
450 proceeding required by this title or the Constitution of Georgia. All such hearings shall be

451 conducted in accordance with Chapter 13 of Title 50, the 'Georgia Administrative
452 Procedure Act.'

453 31-11-16.

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

465 31-11-17.

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

474 (b) Appeal to the superior court shall be by petition which shall be filed in the clerk's
475 office of such court within 30 days after the final order or action of the council. The

476 petition shall set forth the names of the parties taking the appeal; the order, rule, regulation,
477 or decision appealed from; and the reason it is claimed to be erroneous. The enforcement
478 of the order or action appealed from shall not be stayed until and unless so ordered and
479 directed by the superior court. A superior court may order a stay only if the court makes
480 a finding that the public health, safety, and welfare will not be harmed by the issuance of
481 the stay. Upon the filing of such petition, the petitioner shall serve on the council a copy
482 thereof in a manner prescribed by law for the service of process, unless such service of
483 process is waived. The review shall be conducted by the superior court without a jury and
484 shall be confined to the record. In cases of alleged irregularities in procedure before the
485 council, not shown in the record, proof thereon may be taken in the court. The superior
486 court, upon request, shall hear oral argument and receive written briefs.

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

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

500 31-11-18.

501 Notwithstanding any provision to the contrary in this chapter, the council shall cooperate
502 with and take all steps necessary to share information with, at such frequency and as
503 required by, the Department of Public Health related to the Department of Public Health's
504 performance of its duties under this title; provided, however, that any information released
505 shall comply with the requirements of the federal Health Insurance Portability and
506 Accountability Act of 1996, P.L. 104-191.

507 31-11-19.

508 Nothing in this chapter shall be construed as prohibiting or preventing a municipality from
509 fixing, charging, or assessing any license fee or registration fee on any business or
510 profession covered by this chapter or upon any related profession or any person engaged
511 in any profession governed by this chapter or collecting any fee so imposed or from
512 establishing additional regulations regarding ambulance services.

513 31-11-20.

514 This chapter shall not apply to:

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

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

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

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

525 31-11-21.
 526 Medical directors of ambulance providers, first responders, or neonatal services are
 527 authorized to contract with licensed pharmacies to furnish dangerous drugs and controlled
 528 substances for the vehicles of their particular services. Such dangerous drugs and
 529 controlled substances shall be furnished, secured, and stored in the manner provided for in
 530 Code Section 26-4-116."

531 **PART II**

532 *Licenses*

533 **SECTION 2-1.**

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

536 "31-11-30.

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

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

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

546 **SECTION 2-2.**

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

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

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

553 **SECTION 2-3.**

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

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

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

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

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

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

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

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

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

577 (B) The department, as a direct result of the enactment of this Code section, reduces
578 or supplants Medicaid payment rates to ambulance providers as such rates are in effect
579 on June 30, 2021, or reduces or supplants the provider matching payment rate
580 adjustment factors utilized in developing the state Fiscal Year 2021 capitated rates for
581 Medicaid managed care organizations.

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

589 (2) The department shall be authorized to impose a penalty of up to 6 percent on the
590 amount of any owed provider matching payments for any ambulance service provider that
591 fails to pay a provider matching payment within the time required by the department for
592 each month, or fraction thereof, that such provider matching payment is overdue. If a
593 required provider matching payment has not been received by the department in
594 accordance with department timelines, the department shall withhold an amount equal to
595 the provider matching payment and penalty owed from any medical assistance payment
596 due such ambulance service provider under the Medicaid program. Any provider
597 matching payment assessed pursuant to this Code section shall constitute a debt due the
598 state and may be collected by civil action and the filing of tax liens in addition to such
599 methods provided for in this Code section. Any penalty that accrues pursuant to this
600 subsection shall be credited to the applicable segregated account.

601 (d)(1) Notwithstanding any other provision of Chapter 8 of this title, the General
 602 Assembly is authorized to appropriate as state funds to the department for use in any
 603 fiscal year all revenues dedicated and deposited into one or more segregated accounts.
 604 Such appropriations shall be authorized to be made for the sole purpose of obtaining
 605 federal financial participation for medical assistance payments to providers on behalf of
 606 Medicaid recipients pursuant to Article 7 of Chapter 4 of Title 49. Any appropriation
 607 from a segregated account for any purpose other than such medical assistance payments
 608 shall be void.

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

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

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

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

621 **SECTION 2-4.**

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

624 "(c) The license officer shall issue provisional licenses for 30 days ~~for the purpose~~
 625 ~~specified in paragraph (19) of Code Section 31-11-2~~ to allow a newly established
 626 ambulance provider a period of 30 days to demonstrate that its facilities and operations

627 comply with this chapter and any rules and regulations issued under this chapter by a
 628 predecessor agency prior to January 1, 2028, or by the council on or after such date.

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

632 **SECTION 2-5.**

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

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

639 **SECTION 2-6.**

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

642 "31-11-36.

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

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

652 ~~(c) Appeal to the superior court shall be by petition which shall be filed in the clerk's office~~
 653 ~~of such court within 30 days after the final order or action of the department; the petition~~
 654 ~~shall set forth the names of the parties taking the appeal, the order, rule, regulation, or~~
 655 ~~decision appealed from, and the reason it is claimed to be erroneous. The enforcement of~~
 656 ~~the order or action appealed from shall be automatically stayed upon the filing of such~~
 657 ~~petition unless the commissioner of public health in his final order certifies that his~~
 658 ~~decision if stayed will harm the public health and safety, in which case a reviewing court~~
 659 ~~may order a stay only if the court makes a finding that the public health and safety will not~~
 660 ~~be harmed by the issuance of the stay. Upon the filing of such petition, the petitioner shall~~
 661 ~~serve on the commissioner a copy thereof in the manner prescribed by law for the service~~
 662 ~~of process, unless such service of process is waived. The appeal shall be an appeal de novo~~
 663 ~~to the superior court and the appealing party shall have a right to a jury trial and all rights~~
 664 ~~provided under Chapter 11 of Title 9, the 'Georgia Civil Practice Act.' The superior court~~
 665 ~~shall render a decision approving, setting aside, or modifying the order or action appealed~~
 666 ~~from."~~

667 **PART III**

668 *Personnel*

669 **SECTION 3-1.**

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

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

675 **SECTION 3-2.**

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

678 "31-11-50.

679 (a) To enhance the provision of emergency medical care, each ambulance service provider
680 shall be required to have a medical adviser. The adviser shall be a physician licensed to
681 practice medicine in this state and subject to approval by the ~~medical consultant of the~~
682 ~~Emergency Health Section of the Department of Public Health~~ council. Ambulance
683 ~~services providers~~ unable to obtain a medical adviser, due to unavailability or refusal of
684 physicians to act as medical advisers, may request the district health director or his or her
685 ~~designee to act as~~ assistance from the council in identifying an individual to act as a
686 medical adviser until the services of a physician are available.

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

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

695 **SECTION 3-3.**

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

699 "31-11-51.

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

703 (b) Except as otherwise provided for in this chapter, the ~~board~~ council shall, by rule or
704 regulation, ~~authorize the department to~~ establish procedures and standards for the licensing
705 of emergency medical services personnel. The ~~department~~ council shall succeed to all
706 rules and regulations, policies, standards, programs, procedures, and administrative orders
707 of the composite board which were in effect on December 31, 2001, and which relate to the
708 functions transferred to the department by this chapter. ~~Such rules, regulations, policies,~~
709 ~~procedures, and administrative orders shall remain in effect until amended, repealed,~~
710 ~~superseded, or nullified by proper authority or as otherwise provided by law~~ a predecessor
711 agency, in accordance with Code Section 31-11-4.

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

716 (d) The ~~department~~ council shall, by rule or regulation, consistent with the requirements
717 of this subsection, establish a procedure for requesting a fingerprint based criminal history
718 records check from the center and the Federal Bureau of Investigation. Fingerprints shall
719 be in such form and of such quality as prescribed by the center and under standards adopted
720 by the Federal Bureau of Investigation. Fees may be charged as necessary to cover the cost
721 of the records search. An applicant may request that a criminal history records check be
722 conducted by a state or local law enforcement agency or by a private vendor approved by
723 the ~~department~~ council. Fees for criminal history records checks shall be paid by the
724 applicant to the entity processing the request at the time such request is made. The state
725 or local law enforcement agency or private vendor shall remit payment to the center in such

726 amount as required by the center for conducting a criminal history records check. The
727 ~~department council~~ shall accept a criminal history records check whether such request is
728 made through a state or local law enforcement agency or through a private vendor
729 approved by the ~~department council~~. Upon receipt of an authorized request, the center
730 shall promptly cause such criminal records search to be conducted. The center shall notify
731 the ~~department council~~ in writing of any finding of disqualifying information, including,
732 but not limited to, any conviction data regarding the fingerprint records check, or if there
733 is no such finding.

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

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

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

741 (f) Conviction data received by the ~~department council~~ or a any state or local law
742 enforcement agency shall be privileged and shall not be a public record or disclosed to any
743 person. Conviction data shall be maintained by the ~~department council~~ and ~~the~~ any state
744 or local law enforcement agency pursuant to laws regarding such records and the rules and
745 regulations of the center and the Federal Bureau of Investigation. Penalties for the
746 unauthorized release or disclosure of conviction data shall be as prescribed by law or rule
747 or regulation of the center or Federal Bureau of Investigation.

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

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

758 **SECTION 3-4.**

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

762 "31-11-52.

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

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

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

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

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

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

781 ~~(b)~~(c) The department council shall also adopt procedures and standards for its approval
782 of ~~paramedic training courses and cardiac technician training courses~~ for first responders,
783 emergency medical technicians, paramedics, and cardiac technicians. The department
784 council shall adopt such regulations after consultation with appropriate public and private
785 agencies and organizations concerned with medical education and the practice of medicine.
786 Procedures and standards adopted by the department council shall be consistent with the
787 purposes and provisions of this chapter.

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

- 790 (1) Successfully completed a training program approved by the department council and
791 sponsored by the Department of Corrections pursuant to Code Section 42-5-57; and
792 (2) Met all other requirements as set forth in this chapter.

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

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

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

809 **SECTION 3-5.**

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

813 "31-11-53.

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

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

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

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

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

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

831 ~~(e)~~(d) The ~~department~~ council, in collaboration with the Department of Veterans Service,
832 shall establish a program through which military medical personnel may provisionally
833 operate within their scope of practice and training without additional training, experience,
834 or examination for a period of up to 12 months. During such 12 month period, such
835 individual may apply for certification at the appropriate level. The program established
836 pursuant to this subsection shall not conflict with or supplant Code Section 38-3-71 or
837 Georgia's status as a member of the EMS Interstate Compact.

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

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

847 **SECTION 3-6.**

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

851 "31-11-53.1.

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

853 (1) 'Agencies' means every state department, agency, division, board, bureau,
 854 commission, or entity, including without limitation the Board of Regents of the
 855 University System of Georgia.

856 ~~(1)~~(2) 'Automated external defibrillator' means a defibrillator which:

857 (A) Is capable of cardiac rhythm analysis;

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

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

862 ~~(2)~~(3) 'Defibrillation' means to terminate ventricular fibrillation.

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

867 (4) 'Person' means any firm, partnership, association, corporation, or other private entity,
 868 including without limitation any private postsecondary school, college, or university in
 869 this state.

870 (5) 'Public safety answering point' shall have the same meaning as set forth in Code
 871 Section 46-5-122.

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

875 (1) It is recommended that all persons who have access to or use an automated external
 876 defibrillator obtain appropriate training ~~as set forth in the rules and regulations of the~~
 877 ~~Department of Public Health~~ from the American Red Cross, the American Heart
 878 Association, or another nationally recognized training. It is further recommended that
 879 such training include at a minimum the successful completion of:

- 880 (A) A nationally recognized ~~health care provider/professional~~ healthcare provider or
881 professional rescuer level cardiopulmonary resuscitation course; and
- 882 (B) A ~~department established or approved~~ nationally recognized course which includes
883 demonstrated proficiency in the use of an automated external defibrillator;
- 884 (2) All persons and agencies possessing and maintaining an automated external
885 defibrillator shall notify the appropriate ~~emergency medical services system~~ public safety
886 answering point of the existence and location of the automated external defibrillator prior
887 to said defibrillator being placed in use; The council is authorized to promulgate rules
888 and regulations to implement this provision; and
- 889 (3) All persons who use an automated external defibrillator shall activate the emergency
890 medical services system as soon as reasonably possible by calling 9-1-1 or the
891 appropriate emergency telephone number upon use of the automated external
892 defibrillator; and
- 893 (4) ~~Within a reasonable period of time, all persons who use an automated external~~
894 ~~defibrillator shall make available a printed or electronically stored report to the licensed~~
895 ~~emergency medical services provider which transports the patient.~~
- 896 (c) With the exception of communications officers under Code Section 35-8-23, who shall
897 complete training as set forth in such Code section, all All persons who provide instruction
898 to others in the use of the automated external defibrillator shall have completed ~~an a~~
899 nationally recognized instructor course ~~established or approved by the department.~~
- 900 (d) ~~The department shall establish an automated external defibrillator program for use by~~
901 ~~emergency medical technicians. Such program shall be subject to the direct supervision~~
902 ~~of a medical adviser approved under Code Section 31-11-50. No emergency medical~~
903 ~~technician shall be authorized to use an automated external defibrillator to defibrillate a~~
904 ~~person unless that defibrillator is a properly maintained automated external defibrillator and~~
905 ~~that emergency medical technician:~~

- 906 ~~(1) Submits to and has approved by the department an application for such use, and in~~
907 ~~considering that application the department may obtain and use the recommendation of~~
908 ~~the local coordinating entity for the health district in which the applicant will use such~~
909 ~~defibrillator;~~
- 910 ~~(2) Successfully completes an automated external defibrillator training program~~
911 ~~established or approved by the department;~~
- 912 ~~(3) Is subject to protocols requiring that both the emergency physician who receives a~~
913 ~~patient defibrillated by that emergency medical technician and the medical adviser for the~~
914 ~~defibrillator program review the department required prehospital care report and any~~
915 ~~other documentation of the defibrillation of any person by that emergency medical~~
916 ~~technician and send a written report of such review to the district EMS medical director~~
917 ~~of the health district in which the defibrillation occurred; and~~
- 918 ~~(4) Obtains a passing score on an annual automated external defibrillator proficiency~~
919 ~~exam given in connection with that program.~~
- 920 ~~(e) It shall not be necessary for a licensed emergency medical service, licensed neonatal~~
921 ~~transport service, or other services licensed by the department which provide care~~
922 ~~administered by cardiac technicians or paramedics to obtain department approval for the~~
923 ~~use of an automated external defibrillator on licensed vehicles.~~
- 924 ~~(f) Any emergency medical technician who violates the provisions of this Code section~~
925 ~~shall be subject to having revoked by the department that person's authority to use an~~
926 ~~automated external defibrillator. Such a violation shall also be grounds for any entity~~
927 ~~which issues a license or certificate authorizing such emergency medical technician to~~
928 ~~perform emergency medical services to take disciplinary action against such person,~~
929 ~~including but not limited to suspension or revocation of that license or certificate. Such a~~
930 ~~violation shall also be grounds for the employer of such emergency medical technician to~~
931 ~~impose any sanction available thereto, including but not limited to dismissal.~~

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

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

946 **SECTION 3-7.**

947 Said chapter is further amended in said article by revising subsection (a) of Code Section
 948 31-11-54, relating to services which may be rendered by paramedics and paramedic trainees,
 949 as follows:

950 "~~(a) Paramedics Upon certification by the department, paramedics~~ may perform any
 951 service that a cardiac technician is permitted to perform. In addition, upon the order of a
 952 duly licensed physician and subject to the conditions set forth in paragraph (2) of
 953 subsection (a) of Code Section 31-11-55, paramedics may perform any other procedures
 954 which they have been both trained and certified to perform, including, but not limited to:
 955 (1) Administration of parenteral injections of diuretics, anticonvulsants, hypertonic
 956 glucose, antihistamines, bronchodilators, emetics, narcotic antagonists, and others, and
 957 administration of opioid antagonists;

- 958 (2) Cardioversion; and
959 (3) Endotracheal suction."

960 **SECTION 3-8.**

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

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

- 966 (1) Render first-aid and resuscitation services;
- 967 (2) Upon the order of a duly licensed physician ~~and as recommended by the Georgia~~
968 ~~Emergency Medical Services Advisory Council and~~ duly approved by the department a
969 predecessor agency prior to January 1, 2028, or by the council on or after such date:
- 970 (A) Perform cardiopulmonary resuscitation and defibrillation in a hemodynamically
971 unstable patient;
- 972 (B) Administer approved intravenous solutions;
- 973 (C) Administer parenteral injections of antiarrhythmic agents, vagolytic agents,
974 chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents or
975 administer opioid antagonists;
- 976 (D) Perform pulmonary ventilation by esophageal airway and endotracheal intubation;
977 and
- 978 (E) Upon the order of a duly licensed physician during a public health emergency, as
979 defined in Code Section 31-12-1.1, administer vaccines."

SECTION 3-9.

980

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

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

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

989 ~~(2)~~(1) 'Opioid antagonist' means any drug that binds to opioid receptors and blocks or
990 inhibits the effects of opioids acting on those receptors and that is approved by the federal
991 Food and Drug Administration for the treatment of an opioid related overdose.

992 ~~(3)~~(2) 'Opioid related overdose' means an acute condition, including, but not limited to,
993 extreme physical illness, decreased level of consciousness, respiratory depression, coma,
994 mania, or death, resulting from the consumption or use of an opioid or another substance
995 with which an opioid was combined or that a layperson would reasonably believe to be
996 resulting from the consumption or use of an opioid or another substance with which an
997 opioid was combined.

998 (b) An opioid antagonist may be administered or provided by any first responder for the
999 purpose of saving the life of ~~a person~~ an individual experiencing an opioid related
1000 overdose. In order to ensure public health and safety:

1001 (1) All first responders who have access to or maintain an opioid antagonist shall obtain
1002 appropriate training as set forth in ~~the~~ any rules and regulations ~~of the Department of~~
1003 ~~Public Health~~ duly established under this chapter;

1004 (2) All law enforcement agencies, fire departments, rescue agencies, and other similar
1005 entities shall notify the appropriate emergency medical services system of the possession
1006 and maintenance of opioid antagonists by its personnel; and

1007 (3) Within a reasonable period of time, all first responders who administer or provide an
 1008 opioid antagonist shall make available a printed or electronically stored report to the
 1009 ~~licensed ambulance service~~ ambulance provider which transports the patient."

1010 **SECTION 3-10.**

1011 Said chapter is further amended in said article by revising subsections (c) and (d) of Code
 1012 Section 31-11-55.2, relating to administration of hydrocortisone sodium succinate and
 1013 training, and adding a new subsection to read as follows:

1014 "(c) In order to ensure public health and safety:

1015 (1) All emergency medical services personnel shall obtain appropriate training on
 1016 congenital adrenal hyperplasia, and all paramedics shall obtain appropriate training
 1017 regarding administration of hydrocortisone sodium succinate as set forth in the rules and
 1018 regulations of the ~~Department of Public Health~~ council; and

1019 (2) Within a reasonable period of time, all paramedics who administer hydrocortisone
 1020 sodium succinate shall make available a printed or electronically stored report to the
 1021 ~~licensed ambulance service~~ ambulance provider which transports the patient.

1022 (d) The immunity provided in Code Section ~~31-11-8~~ 31-11-13 shall apply to any
 1023 paramedic who in good faith renders emergency care pursuant to this Code section.

1024 (e) Any rules, regulations, policies, standards, programs, procedures, or administrative
 1025 orders issued by the council under this Code section shall succeed to the rules, regulations,
 1026 policies, standards, programs, procedures, or administrative orders of a predecessor agency,
 1027 in accordance with Code Section 31-11-4."

1028 **SECTION 3-11.**

1029 Said chapter is further amended in said article by revising Code Section 31-11-56, relating
 1030 to revocation of certificates issued to emergency medical technicians, as follows:

1031 "31-11-56.
 1032 Certificates issued to emergency medical technicians pursuant to this chapter may be
 1033 revoked by the council for good cause, ~~as set forth in the~~ in accordance with any rules and
 1034 ~~regulations, by the department~~ duly established under this chapter, after notice to the
 1035 certificate holder of the charges and an opportunity for hearing. ~~Such proceedings shall be~~
 1036 ~~conducted in accordance with Chapter 13 of Title 50, the 'Georgia Administrative~~
 1037 ~~Procedure Act.',~~ in accordance with the procedures set forth in Code Section 31-11-15."

1038 SECTION 3-12.

1039 Said chapter is further amended in said article by revising Code Section 31-11-57, relating
 1040 to revocation of certificates issued to paramedics and cardiac technicians, as follows:

1041 "31-11-57.
 1042 Certificates issued to paramedics and cardiac technicians pursuant to this chapter may be
 1043 revoked for good cause by the ~~department~~ council in accordance with ~~established~~ any rules
 1044 and regulations duly established under this chapter, after notice to the certificate holder of
 1045 the charges and an opportunity for hearing. ~~Such proceedings shall be conducted in~~
 1046 ~~accordance with Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.',~~ in
 1047 accordance with the procedures set forth in Code Section 31-11-15. The ~~department~~
 1048 council shall have the authority to conduct investigations and subpoena any documents
 1049 relating to the fitness of paramedics and cardiac technicians. Such documents may be used
 1050 in any hearing conducted by the ~~department~~ council."

1051 SECTION 3-13.

1052 Said chapter is further amended in said article by revising Code Section 31-11-58, relating
 1053 to recertification of emergency medical technicians and continuing education requirements,
 1054 as follows:

1055 "31-11-58.

1056 (a) The ~~department~~ council shall be authorized to require emergency medical technicians
1057 seeking recertification under this chapter to complete ~~department~~ council approved
1058 continuing education. The ~~department~~ council shall be authorized to approve courses,
1059 including, but not limited to, courses offered by the ~~department~~ council, the number of
1060 hours required, and the category in which these hours should be earned.

1061 (b) The ~~department~~ council shall be authorized to waive the continuing education
1062 requirement in cases of hardship, disability, illness, or under such other circumstances as
1063 the ~~department~~ council deems appropriate.

1064 (c) The ~~department~~ council shall be authorized to promulgate rules and regulations to
1065 implement and ensure compliance with the requirements of this Code section.

1066 (d) This Code section shall apply to each certification and recertification cycle which
1067 begins after ~~the 1992-1993 renewal~~ January 1, 2028."

1068 **SECTION 3-14.**

1069 Said chapter is further amended in said article by revising Code Section 31-11-58.1, relating
1070 to recertification of paramedics and cardiac technicians and continuing education
1071 requirements, as follows:

1072 "31-11-58.1.

1073 (a) The ~~department~~ council shall be authorized to require paramedics and cardiac
1074 technicians seeking recertification under this chapter to complete ~~department~~ council
1075 approved continuing education of not less than 40 hours biennially. The ~~department~~
1076 council shall be authorized to approve courses, including but not limited to courses offered
1077 by the ~~department~~ council, the number of hours required, and the category in which these
1078 hours should be earned.

1079 (b) The ~~department~~ council shall be authorized to waive the continuing education
1080 requirement in cases of hardship, disability, illness, or under such other circumstances as
1081 the ~~department~~ council deems appropriate.

1082 (c) The ~~department~~ council shall be authorized to promulgate rules and regulations to
1083 implement and ensure compliance with the requirements of this Code section.

1084 (d) This Code section shall apply to each certification and recertification cycle which
1085 begins after ~~the renewal deadline in 2000~~ January 1, 2028."

1086 **SECTION 3-15.**

1087 Said chapter is further amended in said article by revising Code Section 31-11-60, relating
1088 to obtaining and administering drugs by certified employees of counties or municipalities,
1089 as follows:

1090 "31-11-60.

1091 (a) Any emergency medical technician, paramedic, or cardiac technician who is certified
1092 under this article and who works for a county or municipal police department, fire
1093 department, or rescue unit is authorized to obtain any substance which such ~~person~~
1094 technician or paramedic is authorized to administer by virtue of ~~his~~ such certification. Any
1095 such unit to which the emergency medical technician, paramedic, or cardiac technician is
1096 attached must be duly licensed ~~by the department~~ as a medical first responder unit by a
1097 predecessor agency prior to January 1, 2028, or by the council on or after such date. Such
1098 unit may then obtain from a hospital pharmacy those legend drugs listed and legally
1099 permitted to be used by ~~paramedics~~, emergency medical technicians, paramedics, or
1100 cardiac technicians. The first responder unit shall have a signed agreement with the
1101 hospital in order for the hospital to furnish such drugs, and a copy of this agreement must
1102 be filed with the Georgia Drugs and Narcotics Agency. The requirements for
1103 administering, controlling, and storing these drugs shall be the same as the requirements
1104 for a standard ward inventory in a hospital.

1105 (b) Any substance obtained under subsection (a) of this Code section shall be used only
 1106 in connection with the emergency medical technician's, paramedic's, or cardiac technician's
 1107 employment with the county or municipality, as such, and only while on duty as an
 1108 emergency medical technician, paramedic, or cardiac technician.

1109 (c) It shall not be necessary for an emergency medical technician, paramedic, or cardiac
 1110 technician to be assigned to a ~~licensed~~ an ambulance service provider in order to obtain any
 1111 substance under subsection (a) of this Code section."

1112 SECTION 3-16.

1113 Said chapter is further amended in said article by revising Code Section 31-11-60.1, relating
 1114 to program for physician control over emergency medical services to nonhospital patients,
 1115 as follows:

1116 "31-11-60.1.

1117 (a) As used in this Code section, the term:

1118 (1) 'Ambulance provider medical director' ~~'Ambulance service medical director'~~ means
 1119 a physician licensed to practice in this state and subject to the approval of the ~~local~~
 1120 ~~coordinating entity and the department~~ REMSAC and the council who has agreed, in
 1121 writing, to provide medical direction to a specific ~~ambulance service~~ ambulance provider.

1122 (2) 'Base station facility' means any facility responsible for providing direct physician
 1123 control of emergency medical services.

1124 (3) 'District emergency medical services medical director' means ~~a person~~ an individual
 1125 who is:

1126 (A) A physician licensed to practice medicine in this state;

1127 (B) Familiar with the design and operation of prehospital emergency services systems;

1128 (C) Experienced in the prehospital emergency care of acutely ill or injured patients;

1129 and

1130 (D) Experienced in the administrative processes affecting regional and state prehospital
1131 emergency medical services systems.

1132 (4) 'Emergency medical services personnel' means any emergency medical technician,
1133 paramedic, cardiac technician, or ~~designated~~ first responder who is certified under this
1134 article.

1135 (b) The ~~department~~ council and the district emergency medical services medical directors
1136 shall develop and implement a program to ensure appropriate physician control over the
1137 rendering of emergency medical services by emergency medical services personnel to
1138 patients who are not in a hospital, which program shall succeed to any program developed
1139 and implemented by a predecessor agency and the district emergency medical services
1140 medical directors prior to January 1, 2028. Such program shall include but not be limited
1141 to the following:

1142 (1) Medical protocols regarding permissible and appropriate emergency medical services
1143 which may be rendered by emergency medical services personnel to a patient not in a
1144 hospital;

1145 (2) Communication protocols regarding which medical situations require direct voice
1146 communication between emergency medical services personnel and a physician or a
1147 nurse or a paramedic or a physician assistant in direct communication with a physician
1148 prior to those emergency medical services personnel's rendering specified emergency
1149 medical services to a patient not in a hospital;

1150 (3) Record-keeping and accountability requirements for emergency medical services
1151 personnel and base station facility personnel in order to monitor compliance with this
1152 subsection; and

1153 (4) Base station facility standards.

1154 (c) The ambulance ~~service~~ provider medical director shall serve as the medical authority
1155 for the ambulance ~~service~~ provider, performing liaison activities with the medical
1156 community, medical facilities, and governmental agencies. The ambulance ~~service~~

1157 provider medical director shall be responsible for the provision of medical direction and
1158 training for the emergency medical services personnel providing ambulance service
1159 services for the ambulance provider for which he or she is responsible in conformance with
1160 acceptable emergency medical practices and procedures. These responsibilities shall
1161 include the duties set forth in the ~~department's~~ council's rules and regulations for the
1162 provision of ambulance services.

1163 (d) The district emergency medical services medical director shall not override those
1164 policies or protocols of the ambulance ~~service~~ provider medical director if that ambulance
1165 ~~service~~ provider medical director is documenting compliance with the ~~department's~~
1166 council's rules and regulations for the provision of ambulance services.

1167 (e) Every base station facility shall comply with the policies, protocols, requirements, and
1168 standards provided for in subsection (b) of this Code section.

1169 (f) All emergency medical services personnel shall comply with appropriate policies,
1170 protocols, requirements, and standards of the ambulance ~~service~~ provider medical director
1171 for that service or the policies, protocols, requirements, and standards provided for in
1172 subsection (b) of this Code section.

1173 (g) Conduct which would otherwise constitute a violation of subsection (f) of this Code
1174 section shall not be such a violation if such conduct was carried out by any emergency
1175 medical services personnel pursuant to an order from a physician, the ambulance ~~service~~
1176 provider medical director for such ~~person~~ personnel, or the protocol of that ambulance
1177 ~~service~~ provider as approved by the ambulance ~~service~~ provider medical director for such
1178 ~~person~~ personnel.

1179 (h) Violation by any base station facility of subsection (e) of this Code section may be
1180 grounds for the removal of that base station facility's designation by the ~~department~~
1181 council.

1182 (i) Enforcement of subsections (g) and (h) of this Code section by the council shall
1183 commence no earlier than ~~12 months after July 1, 1989~~ January 1, 2028."

SECTION 3-17.

1184

1185 Said chapter is further amended in said article by revising subsections (a) and (b) of Code
1186 Section 31-11-60.2, relating to testing for illegal drug usage and requirements, as follows:

1187 "(a) All persons licensed or certified based upon successful completion of training set forth
1188 in paragraph (1) of subsection (e) of Code Section 31-11-51 or paragraph (1) of
1189 subsection ~~(c)~~ (d) of Code Section 31-11-52 shall be subject to random testing for evidence
1190 of use of illegal drugs. Such testing shall occur at least biannually for the first two years
1191 of licensure or certification. Such testing shall be noninvasive and may be conducted at
1192 any time during the calendar year, and the cost of all such testing shall be borne by the
1193 employer. If the drug test shows the presence of drugs in the employee's system, the results
1194 of the test will be confirmed with an alternative method by using the same urine sample.

1195 (b) The ~~department~~ council shall adopt rules and regulations to establish for purposes of
1196 testing and retesting for illegal drugs:

- 1197 (1) Which illegal drugs will be the subject of testing;
- 1198 (2) Methods for ensuring minimal privacy intrusions during collection of body fluid
1199 specimens for such testing;
- 1200 (3) Methods for ensuring proper storage, transportation, and handling of such specimens
1201 in order to maintain the integrity of the testing process;
- 1202 (4) Which persons should be entitled to the results of such tests and which methods
1203 should be used for ensuring that only authorized persons are given access to such results;
- 1204 (5) A list of laboratories qualified to conduct established drug tests; and
- 1205 (6) Procedures through which emergency medical services personnel, paramedics, or
1206 cardiac technicians, prior to the collection of body fluid specimens for such testing, may
1207 provide information to their employers regarding use of any drug pursuant to a medical
1208 prescription or, as otherwise authorized by law, any substance which could affect the
1209 results of such test."

1210 **PART IV**

1211 *Emergency Services*

1212 **SECTION 4-1.**

1213 Said chapter is further amended in Article 4, relating to emergency services, by revising
1214 paragraph (2) of Code Section 31-11-81, relating to definitions, as follows:

1215 "(2) 'Emergency medical provider' means any provider of emergency medical
1216 transportation duly licensed or permitted by ~~the Department of Public Health a~~
1217 predecessor agency prior to January 1, 2028, or by the council on or after such date, any
1218 hospital licensed or permitted by the ~~Department of Community Health~~ department, any
1219 hospital based service, or any physician licensed by the ~~Georgia Composite Medical~~
1220 Board composite board who provides emergency services."

1221 **SECTION 4-2.**

1222 Said chapter is further amended in said article by revising subsection (b) of Code
1223 Section 31-11-82, relating to evaluation of emergency condition required, stabilization of
1224 patient, and prospective authorization by insurer, as follows:

1225 "(b) If in the opinion of the attending physician or ~~licensed ambulance service~~ ambulance
1226 provider personnel acting under the medical direction of an ambulance ~~service~~ provider
1227 medical director, as defined in Code Section 31-11-60.1, the evaluation provided under
1228 subsection (a) of this Code section warrants, he or she may initiate appropriate intervention
1229 to stabilize the condition of the patient without seeking or receiving prospective
1230 authorization by an insurer, a health maintenance organization, or a private health benefit
1231 plan. No insurer, health maintenance organization, or private health benefit plan may
1232 subsequently deny payment for an evaluation, diagnostic testing, or treatment provided as
1233 part of such intervention for an emergency condition."

1234 **PART V**

1235 *Georgia Trauma Care Network Commission*

1236 **SECTION 5-1.**

1237 Said chapter is further amended in Article 5, relating to Georgia Trauma Care Network
1238 Commission, by revising paragraphs (1) and (3) of Code Section 31-11-100, relating to
1239 definitions, as follows:

1240 "(1) 'Burn trauma center' means a facility that has been designated by the ~~Department of~~
1241 ~~Public Health~~ council as a burn center and that admits at least 300 patients annually with
1242 the burn specific principal diagnosis codes as published by the International
1243 Classification of Diseases."

1244 "(3) 'Trauma center' means a facility designated by the ~~Department of Public Health~~
1245 council as a Level I, II, III, or IV or burn trauma center. However, a burn trauma center
1246 shall not be considered or treated as a trauma center for purposes of certificate of need
1247 requirements under state law or regulations, including exceptions to need and adverse
1248 impact standards allowed by the ~~department~~ council for trauma centers or for purposes
1249 of identifying safety net hospitals."

1250 **SECTION 5-2.**

1251 Said chapter is further amended in said article by revising paragraphs (6), (7), and (10) of
1252 subsection (a) of Code Section 31-11-102, relating to duties and responsibilities, as follows:

1253 "(6) To reserve and disburse additional moneys to increase the number of participants in
1254 the Georgia trauma system. These funds shall be disbursed through an application
1255 process to cover partial start-up costs for nondesignated acute care facilities to enter the
1256 system as Level II, III, or IV trauma centers. The application process developed by the
1257 commission for start-up costs shall include, but is not limited to, the following:

1258 (A) Criteria assuring that the trauma fund is a payor of last resort;

- 1259 (B) Criteria assuring that all other resources for start-up costs must be exhausted before
1260 the trauma funds are allocated;
- 1261 (C) Criteria assuring that the distribution of trauma funds will result in the applicant's
1262 achieving a trauma designation as defined by the commission within the time frame
1263 specified on the application;
- 1264 (D) Criteria assuring and verifying that the ~~Department of Public Health~~ council has
1265 determined that there is a need for an additional trauma center with the designation that
1266 the applicant is seeking; and
- 1267 (E) Criteria assuring that no more than 15 percent of the total annual distribution from
1268 the trauma fund total shall be distributed for new trauma center development;
- 1269 (7)(A) To develop, implement, administer, and maintain a system to compensate
1270 members of the emergency medical service transportation community for readiness and
1271 uncompensated trauma care.
- 1272 (B) The compensation for the cost of readiness shall be through an application process
1273 adopted by the commission. The application process developed by the commission for
1274 readiness costs shall include, but is not limited to, the following:
- 1275 (i) Criteria assuring that the trauma fund is a payor of last resort;
- 1276 (ii) Criteria assuring that all other resources for readiness costs must be exhausted
1277 before the trauma funds are allocated;
- 1278 (iii) Criteria assuring that the distribution of trauma funds will result in the applicant's
1279 achieving certification as defined by the commission within the time frame specified
1280 on the application; and
- 1281 (iv) Criteria assuring and verifying that the ~~Department of Public Health~~ council has
1282 determined that there is a need for additional emergency medical services with the
1283 certification that the applicant is seeking."
- 1284 "(10) To coordinate its activities with the ~~Department of Public Health~~ council;"

1285 **PART VI**

1286 *System of Certified Stroke Centers*

1287 **SECTION 6-1.**

1288 Said chapter is further amended in Article 6, relating to system of certified stroke centers, by
 1289 repealing in its entirety Code Section 31-11-111, relating to "department" defined, and
 1290 designating said Code section as reserved.

1291 **SECTION 6-2.**

1292 Said chapter is further amended in said article by revising Code Section 31-11-112, relating
 1293 to identification of stroke centers, as follows:

1294 "31-11-112.

1295 (a) The ~~department~~ council shall identify hospitals that meet the criteria set forth in this
 1296 article as comprehensive, primary, or remote treatment stroke centers. In addition, the
 1297 ~~department~~ council shall be authorized to establish one or more additional levels of stroke
 1298 centers, in consultation with the Georgia Coverdell Acute Stroke Registry, as necessary
 1299 based on advancements in medicine and patient care.

1300 (b) A hospital shall apply to the ~~department~~ council for such identification and shall
 1301 demonstrate to the satisfaction of the ~~department~~ council that the hospital meets the
 1302 applicable criteria set forth in or established in accordance with Code Section 31-11-113.

1303 (c) The ~~department~~ council shall identify as many hospitals as stroke centers as apply for
 1304 the identification, provided that each applicant meets the applicable criteria set forth in
 1305 Code Section 31-11-113 or established by the ~~department~~ council.

1306 (d) The ~~department~~ council may suspend or revoke a hospital's identification as a stroke
 1307 center, after notice and hearing, if the ~~department~~ council determines that the hospital is not
 1308 in compliance with the requirements of this article."

SECTION 6-3.

1309
1310 Said chapter is further amended in said article by revising Code Section 31-11-113, relating
1311 to certification, application process, and inspections, as follows:

1312 "31-11-113.

1313 (a) A hospital identified as a comprehensive or primary stroke center shall be certified as
1314 such by a national ~~health-care~~ healthcare accreditation body recognized by the ~~department~~
1315 council. Any hospital wishing to receive official identification under this subsection shall
1316 submit a written application to the ~~department~~ council, providing adequate documentation
1317 of the hospital's valid certification as a comprehensive or primary stroke center by any such
1318 national ~~health-care~~ healthcare accreditation body.

1319 (b) Remote treatment stroke centers shall be certified and identified by the ~~department~~
1320 council either by certification as an acute stroke-ready hospital by a national ~~health-care~~
1321 healthcare accreditation body recognized by the ~~department~~ council or through an
1322 application process to be determined by the ~~department~~ council. Said application process
1323 shall contain, at minimum, the following requirements:

1324 (1) Remote treatment stroke center certifications and identifications by the ~~department~~
1325 council are limited to those hospitals that utilize current and acceptable telemedicine
1326 protocols relative to acute stroke treatment as defined by the ~~department~~ council;

1327 (2) Upon receipt of complete and proper application for certification as a remote
1328 treatment stroke center, the ~~department~~ council shall schedule and conduct an inspection
1329 of the applicant's facility no later than 90 days after receipt of application; and

1330 (3) Any hospital, upon certification by the ~~department~~ council as a remote treatment
1331 stroke center, shall automatically be identified as a remote treatment stroke center and
1332 shall be added to the list of such hospitals maintained pursuant to subsection (a) of Code
1333 Section 31-11-115.

1334 (c) Any additional levels of stroke centers established by the ~~department~~ council pursuant
1335 to subsection (a) of Code Section 31-11-112 shall be certified by the ~~department~~ council

1336 in accordance with any criteria and guidelines established by the ~~department~~ council in
1337 rules and regulations.

1338 (d) Comprehensive and primary stroke centers are encouraged to coordinate, through
1339 agreement, with remote treatment stroke centers throughout the state to provide appropriate
1340 access to care for acute stroke patients. The coordinating stroke care agreements shall be
1341 in writing and include at minimum:

1342 (1) Transfer agreements for the transport and acceptance of all stroke patients seen by
1343 the remote treatment stroke center for stroke treatment therapies which the remote
1344 treatment stroke center is not capable of providing; and

1345 (2) Communication criteria and protocols with the remote treatment stroke centers."

1346 **SECTION 6-4.**

1347 Said chapter is further amended in said article by revising Code Section 31-11-114, relating
1348 to grants and reports, as follows:

1349 "31-11-114.

1350 (a) In order to encourage and ensure the establishment of stroke centers throughout the
1351 state, the ~~department~~ council shall award grants, subject to appropriations from the General
1352 Assembly, to hospitals that seek identification as remote treatment stroke centers and
1353 demonstrate a need for financial assistance to develop the necessary infrastructure,
1354 including personnel and equipment, in order to satisfy the criteria for identification as a
1355 remote treatment stroke center pursuant to subsection (b) of Code Section 31-11-113.

1356 (b) A hospital seeking identification as a remote treatment stroke center pursuant to this
1357 article may apply to the ~~department~~ council for a grant, in a manner and on a form required
1358 by the ~~department~~ council, and provide such information as the ~~department~~ council deems
1359 necessary to determine if the hospital is eligible for the grant.

1360 (c) The ~~department~~ council may provide grants to as many hospitals as it deems
 1361 appropriate, subject to appropriations, taking into consideration adequate geographic
 1362 diversity with respect to locations.

1363 (d) The ~~department~~ council shall annually prepare and submit to the Governor, the
 1364 President of the Senate, the Speaker of the House of Representatives, and the chairpersons
 1365 of the House Committee on Health and Human Services and the Senate Health and Human
 1366 Services Committee for distribution to its committee members a report indicating the total
 1367 number of hospitals that have applied for grants pursuant to this Code section, the number
 1368 of applicants that have been determined by the ~~department~~ council to be eligible for such
 1369 grants, the total number of grants to be awarded, the name and address of each grantee
 1370 hospital, the amount of the award to each grantee, and the amount of each award to be
 1371 disbursed to the grantee."

1372 **SECTION 6-5.**

1373 Said chapter is further amended in said article by revising Code Section 31-11-115, relating
 1374 to distribution of list of stroke centers, development of assessment tool, and protocols for
 1375 emergency medical service providers, as follows:

1376 "31-11-115.

1377 (a) Beginning ~~June 1, 2009~~ January 1, 2028, and each year thereafter, the ~~department~~
 1378 council shall send a list of comprehensive, primary, remote treatment, and other level
 1379 stroke centers identified pursuant to Code Section 31-11-113 to the medical director of
 1380 each licensed emergency medical services provider in this state, shall maintain a copy of
 1381 the list ~~in the office designated with the department to oversee emergency medical services,~~
 1382 and shall coordinate with the department to post a list of comprehensive, primary, remote
 1383 treatment, and other level stroke centers on the department's website.

1384 (b) The ~~department~~ council shall adopt or develop a sample stroke triage assessment tool.
 1385 The ~~department~~ council shall coordinate with the department to post this sample

1386 assessment tool on its department's website and distribute a copy of the sample assessment
 1387 tool to each licensed emergency medical services provider ~~no later than December 31, 2008~~
 1388 as soon as practicable. Each licensed emergency medical services provider shall use a
 1389 stroke triage assessment tool that is substantially similar to the sample stroke triage
 1390 assessment tool provided by the ~~department~~ council.

1391 ~~(c) The office designated within the department to oversee emergency medical services~~
 1392 council shall establish protocols related to the assessment, treatment, triage, and transport
 1393 of stroke patients, including transport to the appropriate level stroke centers, by licensed
 1394 emergency medical services providers in this state.

1395 (d) Any assessment tools or protocols of the council shall succeed to the assessment tools
 1396 or protocols of a predecessor agency, in accordance with Code Section 31-11-4."

1397 **SECTION 6-6.**

1398 Said chapter is further amended in said article by revising Code Section 31-11-116, relating
 1399 to annual reports, as follows:

1400 "31-11-116.

1401 (a) In order to assure that the patients are receiving the appropriate level of care and
 1402 treatment at each level of stroke center in the state, each hospital identified as a stroke
 1403 center shall annually report information, as specified by the ~~department~~ council in its rules
 1404 and regulations, to the ~~department~~ council.

1405 (b) The ~~department~~ council shall collect the information reported pursuant to
 1406 subsection (a) of this Code section and shall coordinate with the department to post such
 1407 information in the form of a report card annually on the department's website and present
 1408 ~~such report to the Office of Health Strategy and Coordination~~. The results of this report
 1409 card may be used by the ~~department~~ council to conduct training with the identified facilities
 1410 regarding best practices in the treatment of stroke.

1411 (c) In no way shall this article be construed to require disclosure of any confidential
1412 information or other data in violation of the federal Health Insurance Portability and
1413 Accountability Act of 1996, P.L. 104-191."

1414 **SECTION 6-7.**

1415 Said chapter is further amended in said article by revising Code Section 31-11-118, relating
1416 to advertising, as follows:

1417 "31-11-118.

1418 A hospital may not advertise to the public, by way of any medium whatsoever, that it is
1419 identified by the state as a comprehensive, primary, remote treatment, or other level stroke
1420 center unless the hospital has been identified as such by the ~~department~~ council pursuant
1421 to this article."

1422 **SECTION 6-8.**

1423 Said chapter is further amended in said article by revising Code Section 31-11-119, relating
1424 to rules and regulations, as follows:

1425 "31-11-119.

1426 The ~~department~~ council shall be authorized to promulgate rules and regulations to carry out
1427 the purposes of this article. Such rules and regulations shall succeed to the rules and
1428 regulations of a predecessor agency, in accordance with Code Section 31-11-4."

1429 **PART VII**

1430 *Emergency Cardiac Care Centers*

1431 **SECTION 7-1.**

1432 Said chapter is further amended in Article 7, relating to emergency cardiac care centers, by
 1433 revising Code Section 31-11-132, relating to Office of Cardiac Care and level designations
 1434 and requirements, as follows:

1435 "31-11-132.

1436 (a) There shall be established the Office of Cardiac Care within the ~~Department of Public~~
 1437 ~~Health~~ council. The office shall administer the designation process provided for in this
 1438 article, including, but not limited to, data collection, analysis and reporting, and site visits.

1439 (b) The office shall designate hospitals that meet the criteria set forth in this article as
 1440 emergency cardiac care centers. Each emergency cardiac care center shall be further
 1441 designated as Level I, Level II, or Level III by the office. The criteria for each level
 1442 designation shall be established by the office and shall include, at a minimum, the
 1443 following:

1444 (1) Level I shall have:

1445 (A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days
 1446 per week, 365 days per year;

1447 (B) On-site cardiothoracic surgery capability available 24 hours, seven days per
 1448 week, 365 days per year;

1449 (C) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest
 1450 patients;

1451 (D) The ability to implant percutaneous left ventricular assist devices for support of
 1452 hemodynamically unstable patients experiencing out-of-hospital cardiac arrest or heart
 1453 attack;

1454 (E) Neurologic protocols to measure functional status at hospital discharge; and

- 1455 (F) The ability to implant automatic implantable cardioverter defibrillators;
- 1456 (2) Level II shall have:
- 1457 (A) Cardiac catheterization and angioplasty facilities available 24 hours, seven days
- 1458 per week, 365 days per year, but no on-site cardiothoracic surgery capability;
- 1459 (B) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest
- 1460 patients;
- 1461 (C) Neurologic protocols to measure functional status at hospital discharge; and
- 1462 (D) A written transfer plan with one or more Level I emergency cardiac care centers
- 1463 for patients who need left ventricular assist devices or cardiothoracic surgery;
- 1464 (3) Level III shall have:
- 1465 (A) Established protocols for therapeutic hypothermia for out-of-hospital cardiac arrest
- 1466 patients; and
- 1467 (B) A written plan for systematic transfer to a Level I or Level II facility; and
- 1468 (4) The ~~department~~ council shall be authorized to establish one or more additional levels
- 1469 of cardiac care centers as necessary based upon advancements in medicine and patient
- 1470 care."

1471 **PART VIII**

1472 *Conforming Changes*

1473 **SECTION 8-1.**

1474 Chapter 10 of Title 16 of the Official Code of Georgia Annotated, relating to offenses against

1475 public administration, is amending by revising Code Section 16-10-29, relating to request for

1476 ambulance service when not reasonably needed, as follows:

1477 "16-10-29.

1478 (a) It shall be unlawful for any person to transmit in any manner a request for ambulance

1479 ~~service~~ services to any person, firm, or corporation furnishing ambulance ~~service~~ services,

1480 public or private, knowing at the time of making the request for ambulance ~~service~~ services
1481 that there exists no reasonable need for such ambulance ~~service~~ services.
1482 (b) Any person who violates subsection (a) of this Code section shall be guilty of a
1483 misdemeanor."

1484 SECTION 8-2.

1485 Chapter 11 of Title 16 of the Official Code of Georgia Annotated, relating to offenses against
1486 public order and safety, is amending by revising subsection (a) of Code Section 16-11-42,
1487 relating to refusal to relinquish telephone party line in case of emergency, false request on
1488 party line as to emergency, and warning printed in telephone books, as follows:

1489 "(a) A person is guilty of a misdemeanor when he or she fails to relinquish a telephone
1490 party line consisting of subscriber line telephone circuit with two or more main telephone
1491 stations connected therewith, each having a distinctive ring or telephone number, after ~~he~~
1492 such person has been requested to do so to permit another to place a call in an emergency,
1493 in which property or human life is in jeopardy and the prompt summoning of aid is
1494 essential, to a fire or police department or for medical aid or ambulance ~~service~~ services,
1495 if the party line at the time of the request is not being used for any such other emergency
1496 call. Any person who shall request the use of the party line by falsely stating that the same
1497 is needed for any of such purposes, knowing the statement to be false, is guilty of a
1498 misdemeanor."

1499 SECTION 8-3.

1500 Chapter 8 of Title 40 of the Official Code of Georgia Annotated, relating to equipment and
1501 inspection of motor vehicles, is amending by revising subsection (a) of Code
1502 Section 40-8-92, relating to designation of emergency vehicles, flashing or revolving lights,
1503 permits, fee, and use of flashing or revolving green lights on public property, as follows:

1504 "(a) The commissioner of public safety shall be authorized to designate certain motor
 1505 vehicles as emergency vehicles. The commissioner of public safety shall so designate each
 1506 vehicle by issuing to such vehicle a permit to operate flashing or revolving emergency
 1507 lights of the appropriate color. Such permit shall be valid for five years from the date of
 1508 issuance. Any and all officially marked law enforcement vehicles as specified in Code
 1509 Section 40-8-91 shall not be required to have a permit for the use of a blue light. Any and
 1510 all fire department vehicles which are distinctly marked on each side shall not be required
 1511 to have a permit for the use of a red light. Any and all motor vehicles which are operated
 1512 ~~for ambulance services as ambulance providers, as defined in Code Section 31-11-2, under~~
 1513 ~~a valid license from the Emergency Health Section of the Department of Public Health~~
 1514 shall not be required to have a permit for the use of a red light."

1515 SECTION 8-4.

1516 The Official Code of Georgia Annotated is amended by replacing "ambulance service" with
 1517 "ambulance provider", "licensed ambulance services" with "ambulance providers", "a duly
 1518 licensed ambulance service" with "an ambulance provider", and "a licensed ambulance
 1519 service" with "an ambulance provider" wherever the terms or phrases occur in:

- 1520 (1) Code Section 24-9-921, relating to identification of medical bills and expert witness
 1521 unnecessary;
- 1522 (2) Code Section 26-4-5, relating to definitions relative to pharmacists and pharmacies;
- 1523 (3) Code Section 26-4-116.2, relating to licensed health practitioners authorized to
 1524 prescribe opioid antagonists, pharmacists authorized to fill prescriptions, and immunity
 1525 from liability;
- 1526 (4) Code Section 33-20A-9, relating to emergency services requirements and restrictive
 1527 formulary requirements;
- 1528 (5) Code Section 33-30-24, relating to health benefit plans providing incentives to use
 1529 services of preferred providers and minimum requirements;

- 1530 (6) Code Section 37-3-101, relating to transportation of patients generally relative to
1531 examination and treatment of mental illness;
- 1532 (7) Code Section 37-7-101, relating to transportation of patients generally relative to
1533 hospitalization and treatment of alcoholics, drug dependent individuals, and drug abusers;
1534 and
- 1535 (8) Code Section 40-2-86.1, relating to license plates promoting or supporting certain
1536 agencies, funds, or nonprofit corporations or issued to qualified motor vehicles or owners
1537 with proceeds deposited in the general fund.

1538 **SECTION 8-5.**

1539 The Official Code of Georgia Annotated is amended by replacing "air ambulance service"
1540 with "air ambulance services" and "Air ambulance service" with "Air ambulance services"
1541 wherever the terms occur in:

- 1542 (1) Code Section 33-1-21, relating to certain subscription agreements for prepaid air
1543 ambulance service not contract of insurance and definitions;
- 1544 (2) Code Section 31-11-33, relating to insurance coverage requirements;
- 1545 (3) Code Section 33-24-47.1, relating to notice prior to cancellation or nonrenewal of
1546 individual or group accident and sickness policy;
- 1547 (4) Code Section 33-29-1, relating to "accident and sickness policy" defined and
1548 applicability of chapter;
- 1549 (5) Code Section 33-29A-31, relating to relating to definitions relative to individual
1550 accident and sickness insurance; and
- 1551 (6) Code Section 43-25-8, relating to promulgation of rules and regulations by Safety Fire
1552 Commissioner.

1553

PART IX

1554

Effective Date and Repealer

1555

SECTION 9-1.

1556 (a) This Act shall become effective on January 1, 2028, except as provided otherwise in
1557 subsection (b) of this section.

1558 (b) Code Section 31-11-5 of this Act shall become effective on July 1, 2027.

1559

SECTION 9-2.

1560 All laws and parts of laws in conflict with this Act are repealed.