

A BILL TO BE ENTITLED
AN ACT

1 To amend Chapter 11 of Title 31 of the Official Code of Georgia Annotated, relating to
2 emergency medical services, so as to amend provisions relative to the Emergency Medical
3 Systems Communications Program administered by the Department of Public Health; to
4 provide for legislative findings, determinations, and declarations; to authorize local entities
5 to establish boundaries for the provision of emergency medical services; to provide for
6 definitions; to provide for related matters; to provide for an effective date; to repeal
7 conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

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

13 "31-11-1.

14 (a) The General Assembly finds and determines:

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

- 17 (2) That the cost and quality of emergency medical services are matters within the public
 18 interest;
- 19 (3) That it is highly desirable for the state to participate in emergency medical systems
 20 communications programs established pursuant to Public Law 93-154, entitled the
 21 Emergency Medical Services Systems Act of 1973;
- 22 (4) That the administration of an emergency medical systems communications program
 23 should be the responsibility of the Department of Public Health, acting upon the
 24 recommendations of the local entity which coordinates the program; ~~all~~ ambulance
 25 services shall be a part of this system even if this system is the 9-1-1 emergency
 26 telephone number; provided, however, that local governing bodies capable of
 27 coordinating ambulance services and related communications should be empowered to
 28 do so;
- 29 (5) That an emergency medical systems communications program in a health district or
 30 a service area established by local governing bodies through contract, memorandum of
 31 understanding, or other appropriate instrument should be operated as economically and
 32 efficiently as possible to serve the public welfare and, ~~to achieve this goal, should involve~~
 33 ~~the designation of geographical territories to be serviced by participating ambulance~~
 34 ~~providers and~~ should involve an economic and efficient procedure to distribute
 35 emergency calls among participating ambulance providers serving the same health district
 36 or locally established service area; and
- 37 (6) Any first responder falls under the department's rules and regulations governing
 38 ambulances and can transport only in life-threatening situations or by orders of a licensed
 39 physician or when a licensed ambulance cannot respond.
- 40 (b) The General Assembly therefore declares that, in the exercise of the sovereign powers
 41 of the state to safeguard and protect the public health and general well-being of its citizens,
 42 it is the public policy of this state to encourage, foster, and promote emergency medical
 43 systems communications programs ~~and that such programs shall be accomplished in a~~

44 manner that is coordinated, orderly, economical, and without unnecessary duplication of
45 services and facilities. The General Assembly recognizes the importance of local control
46 relating to the provision of timely and adequate emergency medical services to residents."

47 **SECTION 2.**

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

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

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

64 (15.1) 'Locally established service area' means an area established by local entities
65 through contract, memorandum of understanding, or other appropriate instrument for the
66 provision of emergency medical services; provided, however, that the creation of which
67 has been approved by the department pursuant to Code Section 31-11-31."

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SECTION 3.

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

"31-11-3.

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

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

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

(A) To the board or its designee, the territories within the health district to be serviced by the ambulance providers; ~~and at this same time the local coordinating entity shall also recommend the~~ and a recommended method for distributing emergency calls

94 among the providers, based primarily on the considerations of economy, efficiency, and
95 benefit to the public welfare; and

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

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

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

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

117 (f)(1) The local coordinating entity shall begin administering the EMSC Program in
118 accord with the decision by the board or its designee immediately after the decision by
119 the board or its designee regarding the approval or modification of the recommendations

120 made by the local coordinating entity; and the EMSC Program shall be operated in such
121 manner pending the resolution of any appeals filed pursuant to Code Section 31-5-3.

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

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

126 **SECTION 4.**

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

128 "31-11-3.1.

129 On and after January 1, 2024, any local governing body may elect to be removed from the
130 territories designated by the department for service of emergency medical services pursuant
131 to Code Section 31-11-3. At least two months prior to any such election, such local
132 governing body shall submit to the local coordinating entity the geographic location to be
133 removed, a proposed plan for providing adequate emergency medical services, and copies
134 of any contract, memorandum of understanding, or other appropriate instrument executed
135 between local governing bodies when the proposed locally established service area is to
136 provide services to more than one local subdivision of this state. The local coordinating
137 entity shall immediately forward the information required by this Code section to the
138 department. The department shall approve within 30 days any proposal submitted pursuant
139 to this Code section unless it is found that such proposal would harm the public welfare.
140 Any denial by the department of a proposal submitted pursuant to this Code section shall
141 be subject to hearing and review in accordance with Chapter 13 of Title 50, the 'Georgia
142 Administrative Procedure Act.' The department shall modify the territorial zones and
143 method of distributing calls among ambulance providers participating in the EMSC
144 Program in any health district where a local service area has been approved."

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SECTION 5.

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

"31-11-4.

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

SECTION 6.

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

"31-11-9.

The department and its duly authorized agents are authorized to enforce compliance with this chapter and rules and regulations promulgated under this chapter as provided in Article 1 of Chapter 5 of this title and, in connection therewith during the reasonable business hours of the day, to enter upon and inspect in a reasonable manner the premises of persons providing ambulance service. All inspections under this Code section shall be in compliance with the provisions of Article 2 of Chapter 5 of this title. The department is also authorized to enforce compliance with this chapter, including but not limited to compliance with the EMSC Program and furnishing of emergency services within designated territories outside the boundaries of any locally established service area, by imposing fines in the same manner as provided in paragraph (6) of subsection (c) of Code Section 31-2-8; this enforcement action shall be a contested case under Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'"

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SECTION 7.

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

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

- (1) Submits to and has approved by the department an application for such use, ~~and in considering that application the department may obtain and use the recommendation of the local coordinating entity for the health district in which the applicant will use such defibrillator;~~
- (2) Successfully completes an automated external defibrillator training program established or approved by the department;
- (3) Is subject to protocols requiring that both the emergency physician who receives a patient defibrillated by that emergency medical technician and the medical adviser for the defibrillator program review the department required prehospital care report and any other documentation of the defibrillation of any person by that emergency medical technician and send a written report of such review to the district EMS medical director of the health district in which the defibrillation occurred; and
- (4) Obtains a passing score on an annual automated external defibrillator proficiency exam given in connection with that program."

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SECTION 8.

This Act shall become effective on January 1, 2024.

195 **SECTION 9.**
196 All laws and parts of laws in conflict with this Act are repealed.