

)	Otan Code Sections Affected:
7	AMENDS:
3	26-1-7, as last amended by Laws of Utah 2014, Chapters 322 and 384
)	26-8a-203, as last amended by Laws of Utah 2011, Chapter 297
	26-33a-106.1, as last amended by Laws of Utah 2014, Chapters 118, 425 and last
	amended by Coordination Clause, Laws of Utah 2014, Chapter 425
	631-2-226, as last amended by Laws of Utah 2016, Chapter 345
	ENACTS:
	26-8a-107, Utah Code Annotated 1953
	Be it enacted by the Legislature of the state of Utah:
	Section 1. Section 26-1-7 is amended to read:
	26-1-7. Committees within department.
	(1) There are created within the department the following committees:
	(a) Health Facility Committee;
	(b) State Emergency Medical Services Committee;
	(c) Air Ambulance Committee;
	[ <del>(c)</del> ] <u>(d)</u> Health Data Committee;
	[(d)] (e) Utah Health Care Workforce Financial Assistance Program Advisory
	Committee;
	[(e)] (f) Residential Child Care Licensing Advisory Committee;
	[(f)] (g) Child Care Center Licensing Committee; and
	[ <del>(g)</del> ] (h) Primary Care Grant Committee.
	(2) The department shall:
	[(a) review all committees and advisory groups in existence before July 1, 2003 that are
	not listed in Subsection (1) or Section 26-1-7.5, and not required by state or federal law; and]
	[(b) beginning no later than July 1, 2003:]
	[(i)] (a) consolidate [those] advisory groups and committees with other committees or
	advisory groups as appropriate to create greater efficiencies and budgetary savings for the
	department; and
	[(ii)] (b) create in writing time-limited and subject-limited duties for the advisory

57	groups or committees as necessary to carry out the responsibilities of the department.
58	Section 2. Section <b>26-8a-107</b> is enacted to read:
59	26-8a-107. Air Ambulance Committee Membership Duties.
60	(1) The Air Ambulance Committee created by Section 26-1-7 shall be composed of the
61	following members:
62	(a) the state emergency medical services medical director;
63	(b) one physician who:
64	(i) is licensed under:
65	(A) Title 58, Chapter 67, Utah Medical Practice Act;
66	(B) Title 58, Chapter 67b, Interstate Medical Licensure Compact; or
67	(C) Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
68	(ii) actively provides trauma or emergency care at a Utah hospital; and
69	(iii) has experience and is actively involved in state and national air medical transport
70	issues;
71	(c) one member from each level 1 and level 2 trauma center in the state of Utah,
72	selected by the trauma center the member represents;
73	(d) one registered nurse who:
74	(i) is licensed under Title 58, Chapter 31b, Nurse Practice Act; and
75	(ii) currently works as a flight nurse for an air medical transport provider in the state of
76	<u>Utah;</u>
77	(e) one paramedic who:
78	(i) is licensed under Title 26, Chapter 8a, Utah Emergency Medical Services System
79	Act; and
80	(ii) currently works for an air medical transport provider in the state of Utah; and
81	(f) one member from a for-profit air medical transport company operating in the state
82	of Utah.
83	(2) The state emergency medical services medical director shall appoint the physician
84	member under Subsection (1)(b), and the physician shall serve as the chair of the Air
85	Ambulance Committee.
86	(3) The chair of the Air Ambulance Committee shall:
87	(a) appoint the Air Ambulance Committee members under Subsections (1)(c) through

88	<u>(1);</u>
89	(b) designate the member of the Air Ambulance Committee to serve as the vice chair
90	of the committee; and
91	(c) set the agenda for Air Ambulance Committee meetings.
92	(4) (a) Except as provided in Subsection (4)(b), members shall be appointed to a
93	two-year term.
94	(b) Notwithstanding Subsection (4)(a), the Air Ambulance Committee chair shall, at
95	the time of appointment or reappointment, adjust the length of the terms of committee
96	members to ensure that the terms of the committee members are staggered so that
97	approximately half of the committee is reappointed every two years.
98	(5) (a) A majority of the members of the Air Ambulance Committee constitutes a
99	quorum.
100	(b) The action of a majority of a quorum constitutes the action of the Air Ambulance
101	Committee.
102	(6) The Air Ambulance Committee shall, before November 30, 2017, provide
103	recommendations to the Health and Human Services Interim Committee regarding the
104	development of state standards and requirements related to:
105	(a) air medical transport provider licensure and accreditation;
106	(b) air medical transport medical personnel qualifications and training; and
107	(c) other standards and requirements to ensure patients receive appropriate and
108	high-quality medical attention and care by air medical transport providers operating in the state
109	of Utah.
110	(7) An Air Ambulance Committee member may not receive compensation, benefits,
111	per diem, or travel expenses for the member's service on the committee.
112	(8) The Office of the Attorney General shall provide staff support to the Air
113	Ambulance Committee.
114	(9) The Air Ambulance Committee shall report to the Health and Human Services
115	Interim Committee before November 30, 2018, regarding the sunset of this section in
116	accordance with Section 63I-2-226.
117	Section 3. Section <b>26-8a-203</b> is amended to read:
118	26-8a-203. Data collection.

119	(1) The committee shall specify the information that shall be collected for the
120	emergency medical services data system established pursuant to Subsection (2).
121	(2) (a) The department shall establish an emergency medical services data system
122	which shall provide for the collection of information, as defined by the committee, relating to
123	the treatment and care of patients who use or have used the emergency medical services
124	system.
125	(b) Beginning July 1, 2017, the committee shall coordinate with the Health Data
126	Authority created in Chapter 33a, Utah Health Data Authority Act, to create a report of data
127	collected by the Health Data Committee under Section 26-33a-106.1 regarding:
128	(i) $\hat{S} \rightarrow \frac{\text{appropriate analytical methods}}{1}$
128a	(ii) ←Ŝ the total amount of air ambulance flight charges in the state for a one-year period;
129	<u>and</u>
130	(ii) of the total number of flights in a one-year period under Subsection (2)(b)(i):
131	(A) the number of flights for which a patient had no personal responsibility for paying
132	part of the flight charges;
133	(B) the number of flights for which a patient had personal responsibility to pay $\hat{S} \rightarrow \underline{all}$
133a	or ←Ŝ part of
134	the flight charges;
135	(C) the range of flight charges for which patients had personal responsibility under
136	Subsection (2)(b)(ii)(B), including the median amount for $\hat{S} \rightarrow paid \leftarrow \hat{S}$ patient personal
136a	responsibility; and
137	(D) the name of any air ambulance provider $\hat{S} \rightarrow [\frac{\text{that billed a patient}}{2}]$ that received a
137a	median paid amount amount for patient responsibility ←Ŝ in excess of the
138	median amount for $\hat{S} \rightarrow all \ paid \leftarrow \hat{S}$ patient personal responsibility during the reporting year.
139	(3) (a) The department shall, beginning October 1, 2017, and on or before each October
140	1 thereafter, make the information in Subsection (2)(b) public and send the information in
141	Subsection (2)(b) to:
142	(i) the Health and Human Services Interim Committee; and
143	(ii) public safety dispatchers and first responders in the state.
144	(b) Before making the information in Subsection (2)(b) public, the committee shall
145	provide the air ambulance providers named in the report with the opportunity to respond to the
146	accuracy of the information in the report under Section 26-33a-107.
147	[ <del>(3)</del> ] <u>(4)</u> Persons providing emergency medical services:
148	(a) shall provide information to the department for the emergency medical services
149	data system established pursuant to Subsection (2)(a);

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150	(b) are not required to provide information to the department under Subsection (2)(b);
151	<u>and</u>
152	(c) may provide information to the department under Subsection (2)(b) or (3)(b).
153	Section 4. Section 26-33a-106.1 is amended to read:
154	26-33a-106.1. Health care cost and reimbursement data.
155	(1) The committee shall, as funding is available:
156	(a) establish a plan for collecting data from data suppliers, as defined in Section
157	26-33a-102, to determine measurements of cost and reimbursements for risk-adjusted episodes
158	of health care;
159	(b) share data regarding insurance claims and an individual's and small employer
160	group's health risk factor and characteristics of insurance arrangements that affect claims and
161	usage with the Insurance Department, only to the extent necessary for:
162	(i) risk adjusting; and
163	(ii) the review and analysis of health insurers' premiums and rate filings; and
164	(c) assist the Legislature and the public with awareness of, and the promotion of,
165	transparency in the health care market by reporting on:
166	(i) geographic variances in medical care and costs as demonstrated by data available to
167	the committee; and
168	(ii) rate and price increases by health care providers:
169	(A) that exceed the Consumer Price Index - Medical as provided by the United States
170	Bureau of Labor Statistics;
171	(B) as calculated yearly from June to June; and
172	(C) as demonstrated by data available to the committee; [and]
173	(d) provide on at least a monthly basis, enrollment data collected by the committee to a
174	not-for-profit, broad-based coalition of state health care insurers and health care providers that
175	are involved in the standardized electronic exchange of health data as described in Section
176	31A-22-614.5, to the extent necessary:
177	(i) for the department or the Medicaid Office of the Inspector General to determine
178	insurance enrollment of an individual for the purpose of determining Medicaid third party
179	liability;
180	(ii) for an insurer that is a data supplier, to determine insurance enrollment of an

181	individual for the purpose of coordination of health care benefits; and
182	(iii) for a health care provider, to determine insurance enrollment for a patient for the
183	purpose of claims submission by the health care provider[-]; and
184	(e) coordinate with the State Emergency Medical Services Committee to publish data
185	regarding air ambulance charges under Section 26-8a-203.
186	(2) (a) The Medicaid Office of Inspector General shall annually report to the
187	Legislature's Health and Human Services Interim Committee regarding how the office used the
188	data obtained under Subsection (1)(d)(i) and the results of obtaining the data.
189	(b) A data supplier shall not be liable for a breach of or unlawful disclosure of the data
190	obtained by an entity described in Subsection (1)(b).
191	(3) The plan adopted under Subsection (1) shall include:
192	(a) the type of data that will be collected;
193	(b) how the data will be evaluated;
194	(c) how the data will be used;
195	(d) the extent to which, and how the data will be protected; and
196	(e) who will have access to the data.
197	Section 5. Section 63I-2-226 is amended to read:
198	63I-2-226. Repeal dates Title 26.
199	(1) Section 26-8a-107 is repealed July 1, 2019.
200	[(1)] (2) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance
201	Program, is repealed July 1, 2017.
202	[ <del>(2)</del> ] <u>(3)</u> Section 26-18-412 is repealed December 31, 2016.