

ENGROSSED SENATE  
BILL NO. 575

By: Robinson and Littlefield of  
the Senate

and

Settle of the House

[ emergency medical services - effective date -  
emergency ]

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 63 O.S. 1991, Section 1-2503, is amended to read as follows:

Section 1-2503. As used in this act:

1. "Ambulance" means any ground, air or water vehicle which is or should be approved by the State Commissioner of Health, designed and equipped to transport a patient or patients and to provide appropriate on-scene and en route patient stabilization and care. Vehicles used as ambulances shall meet such requirements as may be required by the Commissioner for approval, and shall display evidence of such approval at all times;

2. "Ambulance authority" means any public trust or nonprofit corporation established by the state or any unit of local government or combination of units of government for the express purpose of providing, directly or by contract, emergency medical services in a specified area of the state;

3. "Ambulance patient" or "patient" means any person ~~or persons~~ who ~~is~~ requires or will ~~be transported~~ require transportation to or

from a health care facility in an ambulance ~~in a reclining position,~~  
during which time it is anticipated that the person will require  
medical attention or monitoring of:

- a. an acute medical condition,
- b. a pre-existing medical condition, or
- c. a medical condition that is the result of trauma;

4. "Ambulance service" means any private firm or governmental agency which is or should be licensed by the State Department of Health to provide Basic, Intermediate, Paramedic or Specialized Mobile Intensive Care levels of medical care;

5. "Ambulance service district" means any county, group of counties or parts of counties formed together to provide, operate and finance emergency medical services as provided by Section 9C of Article X of the Oklahoma Constitution or Sections 1201 through 1221 of Title 19 of the Oklahoma Statutes;

6. "Board" means the State Board of Health;

7. "Commissioner" means the State Commissioner of Health;

~~7.~~ 8. "Council" means the Oklahoma Emergency Medical Service Advisory Council;

~~8.~~ 9. "Department" means the State Department of Health;

~~9.~~ 10. "Emergency medical services system (EMSS)" means a system which provides for the organization and appropriate designation of personnel, facilities and equipment for the effective and coordinated local, regional and statewide delivery of health care services primarily under emergency conditions;

~~10.~~ 11. "Emergency Medical Technician/Basic, Emergency Medical Technician/Intermediate, Emergency Medical Technician/Advanced Cardiac, or Emergency Medical Technician/Paramedic" means an individual licensed by the Department to perform emergency medical services in accordance with this act and in accordance with the rules, ~~regulations~~ and standards promulgated by the ~~State~~ Board;

~~11.~~ 12. "First responder" means an individual certified by the Department to perform emergency medical services in accordance with this act and in accordance with the rules, ~~regulations~~ and standards promulgated by the State Board;

~~12.~~ 13. "First response agency" means an organization of any type certified by the Department to provide emergency medical care, but not transport. First response agencies may utilize certified first responders or licensed emergency medical technicians; provided, however, that all personnel so utilized shall function under the direction of and consistent with guidelines for medical control;

~~13.~~ 14. a. "Licensure" means the licensing of emergency medical care providers and ambulance services pursuant to rules, ~~regulations~~ and standards promulgated by the State Board at one or more of the following levels:

a. ~~(1)~~ (1) ~~Basic~~ basic life support,

b. ~~(2)~~ (2) ~~Intermediate~~ intermediate life support,

c. ~~(3)~~ (3) ~~Paramedic~~ paramedic life support, and

~~d.~~ (4) Specialized Mobile Intensive Care, which shall be used solely for inter-hospital transport of patients requiring specialized en route medical monitoring and advanced life support which exceed the capabilities of the equipment and personnel provided by paramedic life support.

b. Requirements for each level of care shall be established by the State Board. Licensure at any level of care includes a license to operate at any lower level, with the exception of licensure for Specialized Mobile Intensive Care; provided, however, that the highest level of care offered by an ambulance

service shall be available twenty-four (24) hours each day, three hundred sixty-five (365) days per year.

c. Licensure shall be granted or renewed for such periods and under such terms and conditions as may be promulgated by the ~~State~~ Board;

~~14.~~ 15. "Medical control" means local, regional or statewide medical direction and quality assurance of health care delivery in an emergency medical service system. On-line medical control is the medical direction given to emergency medical personnel by a physician via radio or telephone. Off-line medical control is the establishment and monitoring of all medical components of an emergency medical service system, including protocols, standing orders, educational programs, and the quality and delivery of on-line control;

~~15.~~ 16. "Medical director" means a physician, fully licensed without restriction, who acts as a paid or volunteer medical advisor to a licensed ambulance service and who monitors and directs the care so provided. Such physicians shall meet such qualifications and requirements as may be promulgated by the ~~State~~ Board;

~~16.~~ 17. "Region" or "emergency medical service region" means two or more municipalities, counties, ambulance districts or other political subdivisions exercising joint control over one or more providers of emergency medical services through common ordinances, authorities, boards or other means, and which are established pursuant to the provisions of the Oklahoma Interlocal Cooperation Act, Section 1001 et seq. of Title 74 of the Oklahoma Statutes;

~~17.~~ 18. "Regional emergency medical services system (regional EMSS)" means a network of organizations, individuals, facilities and equipment which serve a region, subject to a unified set of regional standards, rules and regulations which may exceed, but may not be in contravention of, those required by the state, under the medical

direction of a single regional medical director and which participates directly in the delivery of the following services:

- a. medical call-taking and EMS dispatching, emergency and routine, including priority dispatching of first response agencies and ambulances,
- b. first response services provided by first response agencies,
- c. ambulance services, both emergency and routine, including, but not limited to, the transport of patients in accordance with transport protocols approved by the regional medical director, and
- d. directions given by physicians directly via radio or telephone, or by written protocol, to first response agencies or ambulance personnel at the scene of an emergency or while en route to a hospital;

~~18.~~ 19. "Regional medical director" means a licensed physician, who meets or exceeds the qualifications of a medical director as defined by this act, chosen by an emergency medical service region to provide external medical oversight, quality control and related services to that region;

~~19.~~ 20. "Registration" means the listing of an ambulance service in a registry maintained by the Department. The registration shall not be deemed to be a license;

~~20.~~ ~~"State Board" means the State Board of Health;~~ and

21. "Transport protocol" means the written instructions governing decision-making at the scene of medical emergencies by ambulance personnel regarding the selection of the hospital to which the patient shall be transported. Transport protocols shall be developed by the regional medical director for a regional EMSS or by the Department if no regional EMSS has been established. Such transport protocols shall adhere to, at a minimum, the following guidelines:

- a. nonemergency, routine transport shall be to the facility of the patient's choice,
- b. urgent or emergency transport not involving life-threatening medical illness or injury shall be to the nearest facility, or, subject to transport availability and system area coverage, to the facility of the patient's choice.
- c. life-threatening medical illness or injury shall require transport to the nearest health care facility appropriate to the needs of the patient as established by regional or state guidelines.

SECTION 2. AMENDATORY 63 O.S. 1991, Section 1-2515, as amended by Section 4, Chapter 194, O.S.L. 1995 (63 O.S. Supp. 1996, Section 1-2515), is amended to read as follows:

Section 1-2515. A. Notwithstanding any other provision of this title, either Emergency Medical Services (EMS) Regions, Ambulance Service districts or municipalities are hereby authorized to regulate and control, pursuant to duly enacted ordinance or regulation, Ambulance Service transports originating within the jurisdiction of such EMS Regions, Ambulance Service districts or municipalities.

B. Any ordinance or regulation adopted pursuant to subsection A of this section shall meet and may exceed, but shall not be in contravention of, the standards promulgated by the State Board for Ambulance Service transports.

C. Any ordinance or regulation adopted by an EMS Region, Ambulance Service district or a municipality may establish a sole-provider system for Ambulance Service transports; provided, however, that any such designated or contracted sole-provider which is not an EMS Region, Ambulance Service district, municipality, or other public entity shall be selected by competitive bidding. A contract entered into pursuant to ~~said~~ such bidding shall be with the lowest

and best bidder and may be for an initial term of such duration as deemed operationally and fiscally prudent by the contracting agency. The term of such sole-provider contract shall be made public at the time bids are solicited, which solicitation shall be not less than sixty (60) days prior to the contract start date.

D. Any EMS Region, Ambulance Service district or municipality may establish a sole-provider system for Ambulance Service transports and may allow additional geographic or political subdivisions to join such a system at any time. Whenever such a geographic or political subdivision joins such a sole-provider system, competitive bidding shall not be required and provision for servicing the new jurisdiction may be accomplished by amending the existing sole-provider contract. Furthermore, in the event the expansion of the service area of the EMS Region, Ambulance Service district or the municipality is substantial (in the sole opinion of the governing body of the EMS Region, Ambulance Service district or municipality), the existing sole-provider contract may be extended for a period sufficient to allow reasonable opportunity for recovery of capital costs of expansion, as determined by the contracting agency.

E. The provisions of this section shall not be construed or applied to limit the operation of any emergency medical service district established and operating pursuant to Section 9C of Article 10 of the Oklahoma Constitution; provided, however, that, upon invitation and approval of a majority of the voters of the district, any such district is hereby authorized to join by appropriate agreement any system established by an EMS Region, Ambulance Service district or a municipality pursuant to the provisions of this section.

F. The following types of patient transports shall be exempt from regulation by EMS Regions, Ambulance Service districts or municipalities:

1. Any ambulance owned or operated by, or under contract to perform ambulance transport services for, the Federal or State government, or any agency thereof;

2. Any ambulance owned and operated by a hospital and in use to transport a patient of the owner-hospital, which patient has been admitted to and not been discharged from the owner-hospital, to or from another hospital or medical care facility at which the patient receives a diagnostic or therapeutic procedure not available at the owner-hospital;

3. Any ambulance engaged in a routine transport call to transport a patient from a hospital, nursing home, or dialysis center located within an EMS Region, Ambulance Service district or municipality to any location outside the EMS Region, Ambulance Service district or municipality;

4. Any ambulance engaged in the transport of a patient from a location outside an EMS Region, Ambulance Service district or municipality to a location inside an EMS Region, Ambulance Service district or municipality; or

5. Any ambulance engaged in the interstate transport of a patient.

SECTION 3 AMENDATORY 63 O.S. 1991, Section 2210, is amended to read as follows:

Section 2210. A. 1. In respect to a gift of an eye as provided for in this chapter, a licensed embalmer, as defined by Sections 396 et seq. of Title 59 of the Oklahoma Statutes, or other persons who have successfully completed a course in eye enucleation in the State of Oklahoma or elsewhere and have received a certificate of competence from the ~~Department of Ophthalmology of the University of Oklahoma School of Medicine~~ Eye Bank Association of America, may enucleate eyes for such gift after proper certification of death by a physician and compliance with the extent of such gift as defined by Sections 2201 et seq. of this title.



2. No such properly certified embalmer or other person acting in accordance with the terms of this chapter shall have any liability, civil or criminal, for such eye enucleation.

B. Any entity desiring to establish a new eye bank in this state shall submit a statement of need for the eye bank to the State Commissioner of Health which shall be signed by the Executive Director and Medical Director of the proposed eye bank. The letter shall include documentation of the need for the eye bank in the proposed location in this state and any other information which the Commissioner by rule may require.

C. No eye bank may operate in this state unless the eye bank:

1. Is accredited by the Eye Bank Association of America;

2. Operates within the Medical Standards of the Eye Bank Association of America;

3. Employs as its Medical Director an ophthalmologist licensed to practice in this state and who is a board-certified ophthalmic surgeon; and

4. Gives priority to the needs of patients who are treated in this state.

SECTION 4. AMENDATORY 63 O.S. 1991, Section 2210.1, is amended to read as follows:

Section 2210.1 A. Notwithstanding any other provision of law, the Chief Medical Examiner, any County Medical Examiner, or any other person authorized by law to conduct an autopsy may, in the course of an autopsy, remove and release or authorize the removal or release of corneal eye tissue from a body within the custody of such person, if all the following conditions are met:

1. The autopsy is authorized by law;

2. The person performing the autopsy has made a reasonable attempt to contact the next of kin and has no knowledge of any objection to the removal or release of corneal tissue having been made by the decedent, or the next of kin of the decedent; provided,

as used in this paragraph, "reasonable attempt" means reaching or attempting to reach the next of kin by telephone and documenting such in the records of the autopsy;

3. The removal or release of such tissue will not interfere with the autopsy;

4. The tissue will be removed by a person qualified under, and as specified by, Section 2210 of Title 63 of the Oklahoma Statutes; and

5. The tissue will be released to a public or nonprofit facility for transplant, therapeutic or scientific purposes.

B. Under such circumstances, neither the person removing or releasing the corneal tissue, nor any hospital, medical center, tissue bank, storage facility, or person acting upon the request, order or direction of such person in the removal or release of the corneal tissue pursuant to this section, shall incur civil liability for such removal or release in an action brought by any person who did not object prior to the removal or release of the corneal tissue, or be subject to criminal prosecution for the removal or release of such corneal tissue pursuant to the provisions of this section.

SECTION 5. This act shall become effective July 1, 1997.

SECTION 6. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the Senate the 3rd day of March, 1997.

President of the Senate

Passed the House of Representatives the \_\_\_\_ day of  
\_\_\_\_\_, 1997.

Speaker of the House of  
Representatives