

SHORT TITLE: Trauma system; Emergency Medical Services for Children
Resource Center; effective date.

STATE OF OKLAHOMA

1st Session of the 46th Legislature (1997)

SENATE BILL NO. 465

By: Henry

AS INTRODUCED

An Act relating to the trauma system of Oklahoma;
amending Section 3, Chapter 194, O.S.L. 1995 (63
O.S. Supp. 1996, Section 1-706.12), which relates
to the Emergency Medical Services for Children
Resource Center; amending 63 O.S. 1991, Section 1-
2511, as amended by Section 1, Chapter 236, O.S.L.
1994 (63 O.S. Supp. 1996, Section 1-2511), which
relates to the Oklahoma Emergency Medical Services
Improvement Program; amending 63 O.S. 1991, Section
330.94, which relates to emergency medical
services; clarifying and updating language; and
providing an effective date.

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

SECTION 1. AMENDATORY Section 3, Chapter 194, O.S.L.
1995 (63 O.S. Supp. 1996, Section 1-706.12), is amended to read as
follows:

Section 1-706.12 A. The purposes of the Emergency Medical
Services for Children Resource Center shall be to:

1. Maximize pediatric emergency care in Oklahoma through expert
leadership, education, research and advocacy;
2. Develop guidelines for approval of emergency medical service
facilities as Emergency Departments Approved for Pediatrics (EDA-P)

and for rating the ability of a facility to provide pediatric emergency medical services;

3. Develop guidelines for equipment and its use for prehospital and hospital pediatric emergency care;

4. Develop guidelines and protocols for prehospital and hospital facilities which encompass all levels of pediatric emergency medical services, including, but not limited to, stabilization, treatment, transfers and referrals;

5. Provide initial and continuing professional education programs and guidelines on pediatric emergency medical care for emergency medical services personnel and other health care providers;

6. Conduct public education concerning pediatric emergency medical services including, but not limited to, prevention and access to pediatric emergency services;

7. Collect and analyze existing data from prehospital and hospital emergency medical systems related to pediatric emergency and critical care for the purpose of quality improvement;

8. Consult with and advise public and private organizations, including the Emergency Medical Services Division and the Trauma Systems Development Section of the Injury Prevention Service within the State Department of Health, the Oklahoma Highway Safety Office, law enforcement, fire service, ambulance services, educational institutions, professional organizations, business organizations, hospital organizations and any other federally funded projects in pediatric emergency and critical care medical services;

9. Provide other services and activities deemed necessary to maximize pediatric emergency care in ~~the State of Oklahoma~~ this state; and

10. Solicit and accept funds from the federal government and other public and private sources.

B. Equipment, protocols and educational guidelines developed pursuant to paragraphs 3, 4 and 5 of subsection A of this section shall be submitted to the State Department of Health Emergency Medical Services Advisory Council prior to action by the State Department of Health.

SECTION 2. AMENDATORY 63 O.S. 1991, Section 1-2511, as amended by Section 1, Chapter 236, O.S.L. 1994 (63 O.S. Supp. 1996, Section 1-2511), is amended to read as follows:

Section 1-2511. The State Commissioner of Health shall have the following powers and duties for the creation and implementation of an Oklahoma Emergency Medical Services Improvement Program:

1. Administer and coordinate all federal and state programs, not specifically assigned by state law to other state agencies, which include provisions of the Federal Emergency Medical Services Systems Act and other federal laws and programs relating to the development of emergency medical services in this state. The administration and coordination of federal and state laws and programs relating to the development, planning, prevention, improvement and management of emergency medical services, including, but not limited to, the staffing of the Oklahoma EMS Advisory Council, shall be conducted by the Division of Emergency Medical Services, as prescribed by Section 1-2510 of this title;

2. Assist private and public organizations, emergency medical and health care providers, ambulance authorities, district boards and other interested persons or groups in improving emergency medical services (EMS) at the local, municipal, district or state levels. This assistance shall be through professional advice and technical assistance;

3. Coordinate the efforts of local units of government to establish service districts and set up boards of trustees or other authorities to operate and finance emergency medical services in the state as provided under Section 9C of Article X of the Oklahoma

Constitution or under Sections 1201 through 1221 of Title 19 of the Oklahoma Statutes. The Commissioner shall evaluate all proposed district areas and operational systems to determine the feasibility of their economic and health services delivery;

4. Prepare, maintain and utilize a comprehensive plan and program for emergency medical services development throughout the state to be adopted by the State Board of Health and incorporated within the State Health Plan. The plan shall establish goals, objectives and standards for a statewide integrated system and a timetable for accomplishing and implementing different elements of the system. The plan shall also include, but not be limited to, all components of an emergency medical services system; regional and statewide planning; the establishment of standards and the appropriate criteria for the designation of facilities; data collection and quality assurance; and funding;

5. Maintain a comprehensive registry of all ambulance services operating within the state, to be published annually. All ambulance service providers shall register annually with the Commissioner on forms supplied by the State Department of Health, containing such requests for information as may be deemed necessary by the Commissioner;

6. Develop a standard report form which may be used by local, regional and statewide emergency medical services and EMS systems to facilitate the collection of data related to the provision of emergency medical and trauma care. The Commissioner shall also develop a standardized EMS data set and an electronic submission standard which may, at the option of each ambulance service, be utilized in lieu of the standard report for the submission of required data. Each ambulance service shall submit the information required in this section through either the standard form or electronic data set at such intervals as may be prescribed by rules promulgated by the Board;

7. Evaluate and certify all emergency medical services training programs and emergency medical technician training courses and operational services in accordance with specifications and procedures approved by the Board;

8. Provide an emergency medical technicians' and ambulance service licensure program;

9. Create a standing Medical Direction Subcommittee of the Council to be composed entirely of physicians who are or who have been medical directors or regional medical directors. Members of the Subcommittee shall be appointed by and shall serve at the pleasure of the Commissioner. The Subcommittee shall advise the Commissioner or the Commissioner's designee on the following:

- a. the design of all medical aspects and components of emergency medical services systems,
- b. the appropriateness of all standards for medical and patient care operations or services, treatment procedures and protocols,
- c. the implementation and facilitation of regional EMS Systems, and
- d. such other matters and activities as directed by the Commissioner or the Commissioner's designee;

10. Employ and prescribe the duties of employees as may be necessary to administer the provisions of this act; and

11. Apply for and accept public and private gifts, grants, donations and other forms of financial assistance designed for the support of emergency medical services.

SECTION 3. AMENDATORY 63 O.S. 1991, Section 330.94, is amended to read as follows:

Section 330.94 A. The State Board of Health shall adopt criteria necessary to implement standards and levels of emergency medical services and trauma care systems. The Board shall provide for the recognition of trauma facilities and for triage, transfer

and transportation policies that reflect the recommendations of the technical advisory committee. The Board shall consider guidelines adopted by the American College of Surgeons and the American College of Emergency Physicians in ~~adopting~~ promulgating rules ~~under~~ pursuant to this section. The rules must provide specific requirements for the care of trauma patients, must ensure that the trauma care is fully coordinated with all hospitals and emergency medical services in the delivery area, and must reflect the geographic areas of the state, considering time and distance. In developing rules, the Board shall take into consideration:

1. Prehospital care management guidelines for triage and transportation of trauma patients;
2. Flow patterns of trauma patients and geographic boundaries regarding trauma patients;
3. Assurances that trauma facilities will provide quality care to trauma patients referred to the facilities;
4. Minimum requirements for resources and equipment needed by a trauma facility to treat trauma patients;
5. Standards for the availability and qualifications of the health care personnel including physicians and surgeons treating trauma patients within a facility;
6. Requirements for data collection, including trauma incidence reporting, system operation and patient outcome;
7. Requirements for periodic performance evaluation of the system and its components; and
8. Assurances that recognized trauma facilities will not refuse to accept the transfer of a trauma patient from another facility solely because of the person's inability to pay for services or because of the person's age, sex, race, religion or national origin.

B. The State Department of Health may grant an exception to a rule adopted under this section if it finds that compliance with the rule would not be in the best interests of the persons served in the

affected local emergency medical services and trauma care delivery area.

C. Each recognized emergency medical services and trauma care system must have:

1. Local or regional medical control for all field care and transportation, consistent with geographic and current communications capability;

2. Triage, transport and transfer protocols; and

3. One or more hospitals categorized according to trauma care capabilities using standards ~~adopted~~ promulgated by ~~board~~ Board rule.

D. This section does not prohibit a health care facility from providing services that it is authorized to provide under a license issued to the facility by the Department.

SECTION 4. This act shall become effective November 1, 1997.

46-1-0189

CJ