

STATE OF OKLAHOMA

2nd Session of the 47th Legislature (2000)

COMMITTEE SUBSTITUTE
FOR ENGROSSED
HOUSE BILL 1922

By: Paulk of the House

and

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COMMITTEE SUBSTITUTE

[public health and safety - amending 63 O.S.,
Section 1-2503 - emergency medical services -
effective date -

emergency]

SECTION 1. AMENDATORY 63 O.S. 1991, Section 1-2503, as amended by Section 3, Chapter 156, O.S.L. 1999 (63 O.S. Supp. 1999, Section 1-2503), is amended to read as follows:

Section 1-2503. As used in the Oklahoma Emergency Response Systems Development 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 standards as may be required by the State Board of Health 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 who is or will be transported in a reclining position to or from a health care facility in an ambulance;

4. "Ambulance service" means any private firm or governmental agency which is or should be licensed by the State Department of Health to provide levels of medical care based on certification standards promulgated by the Board;

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. "Classification" means an inclusive standardized identification of stabilizing and definitive emergency services provided by each hospital that treats emergency patients;

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

9. "Council" means the Oklahoma Emergency Response ~~System~~ Systems Development Advisory Council;

10. "Department" means the State Department of Health;

11. "Emergency medical services system" 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;

12. "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 the Oklahoma Emergency Response Systems Development Act and in accordance with the rules and standards promulgated by the Board;

13. "First responder" means an individual certified by the Department to perform emergency medical services in accordance with the Oklahoma Emergency Response Systems Development Act and in accordance with the rules and standards promulgated by the Board;

14. "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;

15. "Licensure" means the licensing of emergency medical care providers and ambulance services pursuant to rules and standards promulgated by the Board at one or more of the following levels:

- a. ~~Basic~~ nonemergency transport-aid van,
- b. basic life support,
- b. ~~Intermediate~~
- c. intermediate life support,
- e. ~~Paramedic~~
- d. paramedic life support, and
- ~~d.~~ e. 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.

Requirements for each level of care shall be established by the 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.

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

16. "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 but not limited to protocols, standing orders, educational programs, and the quality and delivery of on-line control;

17. "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 Board;

18. "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;~~

19. "Regional emergency medical services system" means a network of organizations, individuals, facilities and equipment which ~~serve~~ serves a region, subject to a unified set of regional rules and standards which may exceed, but may not be in contravention of, those required by the state, which is 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 emergency medical services 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;

20. "Regional medical director" means a licensed physician, who meets or exceeds the qualifications of a medical director as defined by the Oklahoma Emergency Response Systems Development Act, chosen by an emergency medical service region to provide external medical oversight, quality control and related services to that region;

21. "Registration" means the listing of an ambulance service in a registry maintained by the Department. ~~The~~; provided, however, registration shall not be deemed to be a license; and

22. "Transport protocol" means the written instructions governing decision-making at the scene of a medical ~~emergencies~~ emergency 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 emergency medical services system or by the Department if no regional emergency medical services system 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~~, and~~
- 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 1-2512, is amended to read as follows:

Section 1-2512. A. The State Board of Health shall ~~have the duty to promulgate, adopt and publish~~ rules and regulations to carry out the requirements of the Oklahoma Emergency ~~Medical Services Response Systems Development~~ Act.

B. ~~By October 1, 1991, the State Board of Health~~ Such rules shall ~~adopt rules and regulations specifying~~ specify which vehicles of licensed ambulance service providers shall be considered authorized emergency vehicles pursuant to the provisions of Section 1-103 of Title 47 of the Oklahoma Statutes. The ~~regulations~~ rules shall provide that vehicles transporting licensed ambulance service personnel or life saving equipment ~~and which~~ that meet all other specifications required by the Board shall be considered authorized emergency vehicles.

SECTION 3. AMENDATORY 63 O.S. 1991, Section 1-2515, as last amended by Section 1, Chapter 281, O.S.L. 1997 (63 O.S. Supp. 1999, 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 of Health for Ambulance Service transports.

C. 1. 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.

2. A contract entered into pursuant to 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; or

6. Any ambulance engaged in nonemergency transport of a patient.

SECTION 4. AMENDATORY Section 2, Chapter 236, O.S.L. 1994, as amended by Section 1, Chapter 62, O.S.L. 1996 (63 O.S. Supp. 1999, Section 1-2516), is amended to read as follows:

Section 1-2516. A. 1. There ~~shall be~~ is hereby created the Oklahoma ~~EMS~~ Emergency Response Systems Development Advisory Council until July 1, 2002, in accordance with the provisions of the Oklahoma Sunset Law, ~~Section 3901 et seq. of Title 74 of the Oklahoma Statutes,~~ to be composed of physicians, health service providers, consumers of health care, other health care professionals, and persons involved in the education and training of emergency medical personnel.

2. The Council shall consist of nineteen (19) persons, eight of whom shall be persons representing rural areas of this state and counties with populations under fifty thousand (50,000). Members of the Council shall be appointed as follows:

~~1. Six~~

a. six members shall be appointed by the Governor~~;~~

~~2. Five,~~

b. five members shall be appointed by the Commissioner~~;~~

~~3. Four,~~

c. four members shall be appointed by the Speaker of the House of Representatives~~;~~ and

~~4. Four~~

d. four members shall be appointed by the President Pro Tempore of the Senate.

3. Two of the appointees of each appointing authority shall represent rural areas of this state and counties with populations under fifty thousand (50,000). Initially, three of the appointees

of the Governor, two appointees of the State Commissioner of Health, and one appointee each of the Speaker of the House of Representatives and the President Pro Tempore of the Senate shall be appointed for a term of one (1) year. The remaining appointees of the Council shall be appointed for a term of two (2) years. Thereafter, all appointees shall be appointed for a term of two (2) years. All appointees shall be eligible for reappointment, but in no case shall any appointee serve for more than six (6) years on the Council.

4. The current members of the Council shall continue to serve as members of the Council until a majority of the appointments are made under this section and such current members shall be eligible for reappointment.

B. Persons on the Council shall at all times serve without compensation, but shall be reimbursed for their actual and necessary travel expenses from funds available for the operation of the State Department of Health and in accordance with the provisions of the State Travel Reimbursement Act, ~~Section 500.1 et seq. of Title 74 of the Oklahoma Statutes~~. The Council shall advise the Commissioner or the Commissioner's designee on the following:

1. Training program specifications for emergency medical personnel, the types of medical care procedures which may be performed by emergency medical personnel, and qualifications for licensure and certification of emergency medical personnel;

2. Patient care equipment for ambulances, ambulance specifications, criteria and standards for the classification of emergency medical services rendered by providers, including communications and reporting requirements, and operational procedures for providers of ambulance services;

3. Design of the statewide communications system, including procedures for summoning and dispatching emergency medical service, including 911;

4. Projects, programs, and legislation needed to improve emergency medical services in the state; and

5. Such other matters and activities as directed by the Commissioner or the Commissioner's designee.

SECTION 5. This act shall become effective July 1, 2000.

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.

47-2-3181

CJ

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