ENROLLED HOUSE
BILL NO. 1158

By: Corn of the House

and

Dickerson of the Senate

An Act relating to emergency services; amending 63 O.S. 1991, Sections 1-2501, 1-2502, 1-2503, and 1-2511, as amended by Section 1, Chapter 236, O.S.L. 1994 (63 O.S. Supp. 1998, Section 1-2511), which relate to the Oklahoma Emergency Medical Services Act; changing name to the Oklahoma Emergency Response Systems Development Act; updating language; adding to legislative intent; adding to and modifying definitions; adding to powers and duties of the Commissioner of Health; repealing 63 O.S. 1991, Section 330.81, which relates to the powers and duties of the State Board of Health concerning certain emergency medical services; repealing 330.90, 330.91, 330.92, 330.93, 330.94, 330.95, as amended by Section 1, Chapter 198, O.S.L. 1997, and 330.96 (63 O.S. Supp. 1998, Section 330.95), which relate to the Emergency Medical Services and Care Systems Act; providing for recodification; and providing an effective date.

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

SECTION 1. AMENDATORY 63 O.S. 1991, Section 1-2501, is amended to read as follows:

Section 1-2501. Sections ~~5 through 18 of this act~~ 1-2502 through 1-2521 of this title shall be known and may be cited as the "Oklahoma Emergency ~~Medical Services~~ Response Systems Development Act".

SECTION 2. AMENDATORY 63 O.S. 1991, Section 1-2502, is amended to read as follows:

Section 1-2502. The Legislature hereby finds and declares that ~~there~~:

1. There is a critical shortage of ~~professionally trained medical personnel~~ providers of emergency care for:

a. the delivery of fast, efficient emergency medical care for the sick and injured at the scene of a medical emergency and during transport to a health care facility, and

b. the delivery of stabilizing and definitive care at a health care facility; and

2. ~~that improved~~ Improved emergency service is required to reduce the mortality rate during the first critical minutes immediately following the onset of a medical emergency.

SECTION 3. AMENDATORY 63 O.S. 1991, Section 1-2503, is amended to read as follows:

Section 1-2503. As used in ~~this act~~ the Oklahoma Emergency Response Systems Development Act:

1. "Ambulance" means any ground, air or water vehicle which is or should be approved by the 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~~ standards as may be required by the ~~Commissioner~~ 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 ~~or persons~~ who is or will be transported in a reclining position to or from a health care facility in an ambulance ~~in a reclining position~~;

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

~~6.~~ 8. "Commissioner" means the State Commissioner of Health;

~~7.~~ 9. "Council" means the Oklahoma Emergency ~~Medical Service~~ Response System Advisory Council;

~~8.~~ 10. "Department" means the State Department of Health;

~~9.~~ 11. "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.~~ 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 ~~this act~~ the Oklahoma Emergency Response Systems Development Act and in accordance with the rules~~, regulations~~ and standards promulgated by the ~~State~~ Board;

~~11.~~ 13. "First responder" means an individual certified by the Department to perform emergency medical services in accordance with ~~this act~~ the Oklahoma Emergency Response Systems Development Act and in accordance with the rules~~, regulations~~ and standards promulgated by the ~~State~~ Board;

~~12.~~ 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;

~~13.~~ 15. "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. Basic life support,

b. Intermediate life support,

c. Paramedic life support, and

d. 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 ~~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.

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

~~14.~~ 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;

~~15.~~ 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 ~~State~~ Board;

~~16.~~ 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~~, Section 1001 et seq. of Title 74 of the Oklahoma Statutes~~;

~~17.~~ 19. "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~~ standards 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~~ 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;

~~18.~~ 20. "Regional medical director" means a licensed physician, who meets or exceeds the qualifications of a medical director as defined by ~~this act~~ 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;

~~19.~~ 21. "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.~~ 22. "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~~ emergency medical services system or by the Department if no regional ~~EMSS~~ 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.

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 4. AMENDATORY 63 O.S. 1991, Section 1-2511, as amended by Section 1, Chapter 236, O.S.L. 1994 (63 O.S. Supp. 1998, 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~~ Emergency Response System 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~~ emergency medical services 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~~ emergency medical services 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 State Board of Health;

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 Advisory 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~~ the Oklahoma Emergency Response Systems Development 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;

12. Develop a classification system for all hospitals that treat emergency patients. The classification system shall:

a. identify stabilizing and definitive emergency services provided by each hospital,

b. requires each hospital to notify the regional emergency medical services system control when treatment services are at maximum capacity and that emergency patients should be diverted to another hospital; and

13. Develop and monitor a statewide emergency medical services and trauma analysis system designed to:

a. identify emergency patients and severely injured trauma patients treated in Oklahoma,

b. identify the total amount of uncompensated emergency care provided each fiscal year by each hospital and ambulance service in Oklahoma, and

c. monitor emergency patient care provided by emergency medical service and hospitals.

SECTION 5. RECODIFICATION 63 O.S. 1991, Sections 2451 through 2455, shall be recodified as Sections 1-2517 through 1-2521 of Title 63 of the Oklahoma Statutes, respectively, unless there is created a duplication in numbering.

SECTION 6. REPEALER 63 O.S. 1991, Sections 330.81, 330.90, 330.91, 330.92, 330.93, 330.94, 330.95, as amended by Section 1, Chapter 198, O.S.L. 1997, and 330.96 (63 O.S. Supp. 1998, Section 330.95), are hereby repealed.

SECTION 7. This act shall become effective November 1, 1999.

Passed the House of Representatives the 6th day of May, 1999.

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Speaker of the House of Representatives

Passed the Senate the 11th day of May, 1999.

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President of the Senate