

STATE OF OKLAHOMA

1st Session of the 48th Legislature (2001)

2ND CONFERENCE COMMITTEE SUBSTITUTE
FOR ENGROSSED
SENATE BILL 741

By: Dunlap and Campbell of the
Senate

and

Askins and Roach of the
House

2ND CONFERENCE COMMITTEE SUBSTITUTE

An Act relating to public health and safety; amending Section 4, Chapter 336, O.S.L. 1993, as last amended by Section 2, Chapter 326, O.S.L. 1996 (56 O.S. Supp. 2000, Section 1010.4), which relates to the Oklahoma Health Care Authority; requiring development of program for Medicaid eligibility and services for specified individuals; requiring program to include presumptive eligibility and provide for treatment throughout entire time treatment is required; requiring coordination between certain entities for development of procedures to implement program; amending Section 3, Chapter 288, O.S.L. 1994, as amended by Section 3, Chapter 210, O.S.L. 1998, and as renumbered by Section 9, Chapter 210, O.S.L. 1998, Section 4, Chapter 288, O.S.L. 1994, as last amended by Section 4, Chapter 210, O.S.L. 1998, and as renumbered by Section 9, Chapter 210, O.S.L. 1998, and Section 5, Chapter 210, O.S.L. 1998, (63 O.S. Supp. 2000, Sections 1-555, 1-556 and 1-557), which relate to the Oklahoma Breast Cancer Prevention and Treatment Advisory Committee; clarifying language; deleting obsolete language; requiring the Committee review and make recommendations; specifying areas for contract review and recommendation; modifying content requirements of contracts for service; requiring consideration of specified recommendations before certain monies are budgeted and expended; requiring review of proposals to expend monies from specified fund; requiring expenditure of monies in specified fund be subject to review by committee; amending 63 O.S. 1991, Sections 1-2503, as amended by Section 3, Chapter 156, O.S.L. 1999, 1-2511, as last amended by Section 4, Chapter 156, O.S.L. 1999, 1-2512, 1-2515, as last amended by Section 1, Chapter 281, O.S.L. 1997 and Section 2, Chapter 236, O.S.L. 1994, as amended by Section 1, Chapter 62, O.S.L. 1996 (63 O.S. Supp. 2000, Section 1-2503, 1-2511, 1-2515 and 1-2516), which relate the Oklahoma Emergency Response Systems Act; modifying and adding definitions; modifying name of advisory council; modifying duties of State Board of Health relating to promulgation of specified rules; allowing certain entities to establish a sole-provider system for stretcher aid

vans; deleting obsolete language and clarifying language; and providing an effective date.

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

SECTION 1. AMENDATORY Section 3, Chapter 288, O.S.L. 1994, as amended by Section 3, Chapter 210, O.S.L. 1998, and as renumbered by Section 9, Chapter 210, O.S.L. 1998 (63 O.S. Supp. 2000, Section 1-555), is amended to read as follows:

Section 1-555. A. There is hereby created the "Oklahoma Breast Cancer Prevention and Treatment Advisory Committee" within the State Department of Health. The Committee shall consist of sixteen (16) members and be advisory to the State Department of Health.

B. Members of the Committee shall be appointed as follows:

1. Four members appointed by the Governor, of which at least two members shall represent organizations which are at the time of the appointment advocating statewide for the enhanced prevention or treatment or early detection of breast cancer in Oklahoma;

2. Four members appointed by the Speaker of the House of Representatives, of which at least two members shall be breast cancer survivors and one shall be a medical director of a breast center in Oklahoma;

3. Four members appointed by the President Pro Tempore of the Senate, of which at least two members shall be family members of a person who has died of breast cancer or conditions related to breast cancer and one shall be a medical director of a breast center in Oklahoma; and

4. The State Commissioner of Health shall appoint four members who shall be appointed for their outstanding contributions in breast or cervical cancer treatment, research, prevention, or advocacy in Oklahoma.

C. Appointments to the Committee shall be made to provide the Committee with a geographically, economically, and ethnically diverse composition. Associations and advocacy groups may provide appointing authorities lists from which they may select appointments.

D. Those persons serving as members of the Committee on June 30, 1998, shall cease to be members of the Committee on July 1, 1998, unless appointed to serve terms starting July 1, 1998.

E. Members of the Committee shall serve a four-year term and may be reappointed. The Committee shall elect from among its members a chair, vice-chair, and any other officers that the Committee determines are necessary.

F. ~~The Commissioner of Health shall call the first meeting of the Committee by September 1, 1998.~~ The Committee shall meet at least twice each year.

G. The Committee may appoint subcommittees as it deems necessary.

H. Members of the Committee shall not receive a salary for duties performed for the Committee. Reimbursement for necessary travel expenses incurred in the performance of their official duties as members of the Committee shall be made in accordance with the State Travel Reimbursement Act.

I. For purposes of determining a quorum for the Committee, a majority of members serving shall be required.

J. The State Department of Health shall provide staff assistance for the Committee.

SECTION 2. AMENDATORY Section 4, Chapter 288, O.S.L. 1994, as last amended by Section 4, Chapter 210, O.S.L. 1998, and as renumbered by Section 9, Chapter 210, O.S.L. 1998 (63 O.S. Supp. 2000, Section 1-556), is amended to read as follows:

Section 1-556. A. The Oklahoma Breast Cancer Prevention and Treatment Advisory Committee shall ~~advise~~ review and make

recommendations to the State Commissioner of Health regarding the
contracting ~~on the following~~ for statewide services or issues
related to breast cancer, ~~including~~. The areas for contract review
and recommendation shall include, but not be limited to:

1. Mammography screening of women for breast cancer as an early
detection health care ~~measures~~ measure, provided by facilities which
are accredited by national organizations ~~which~~ that have formed
coalitions to issue national cancer screening guidelines;

2. ~~Medical referral~~ Diagnostic services for definitive
diagnosis of ~~screened~~ persons with abnormal breast findings ~~for~~
~~definitive diagnosis~~ and, to the extent practical, for additional
services or assistance for such persons;

3. Education and training programs for health care
professionals to improve methods for the detection and control of
breast cancer, and to improve communication with breast cancer
patients after diagnosis;

4. Annual public education and awareness campaigns to improve
the knowledge and health care practices of all ~~Oklahoma women~~
Oklahomans with respect to breast cancer;

5. Epidemiological trend studies utilizing the data from the
Oklahoma Central Cancer Registry for incidence, prevalence and
survival of breast cancer victims; and

6. Outreach to groups with high proportions of uninsured
and underinsured women.

B. The contracts for services specified in subsection A of this
section shall ~~provide appropriate~~ contain requirements ~~resulting~~
that result in:

1. ~~Enhancement of~~ Enhanced quality control standards within
facilities which perform diagnostic cancer screening for breast
cancer; and

2. Establishment of ~~fees~~ a fee schedule for breast cancer
screening and ~~diagnostic tests at the~~ diagnosis that complies with

accepted Medicare/Medicaid ~~rate~~ rates and that incorporates a sliding fee ~~schedule~~ payment system to encourage self-responsibility.

C. The Oklahoma Breast Cancer Prevention and Treatment Advisory Committee shall ~~make annual reports~~ report annually to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate, by October 1 of each year. ~~The annual reports shall report,~~ activities completed pursuant to the Oklahoma Breast Cancer Act during the prior fiscal year, including a report of the funding for related activities. The report shall ~~account~~ include an accounting of activities for research and breast cancer screenings for uninsured and underinsured women. ~~The report shall also recommend~~ and a recommendation for additional funding, if necessary, to provide screenings and treatment for breast cancer for uninsured and underinsured women.

SECTION 3. AMENDATORY Section 5, Chapter 210, O.S.L. 1998 (63 O.S. Supp. 2000, Section 1-557), is amended to read as follows:

Section 1-557. A. 1. There is hereby created in the State Treasury a revolving fund for the State Department of Health to be designated the "Breast Cancer Act Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the fund and gifts or donations to the fund.

2. All monies donated or accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the State Department of Health, after consideration of the recommendations from the Oklahoma Breast Cancer Prevention and Treatment Advisory Committee, for the purposes specified in ~~the Oklahoma Breast Cancer Act~~ and associated with ~~the~~ implementation of the Oklahoma Breast Cancer Act.

3. Monies from the fund may be transferred to the Breast Cancer Prevention and Treatment Account and shall be used to carry out the purposes specified in ~~Section 4~~ Section 1-556 of this ~~act~~ title.

4. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of State Finance for approval and payment.

B. 1. All proposals to expend monies from the Breast Cancer Act Revolving Fund shall have been ~~considered~~ reviewed by the Oklahoma Breast Cancer Prevention and Treatment Advisory Committee ~~which,~~ and the Committee shall advise the Commissioner ~~of Health~~ on the proposed use of monies from the fund.

2. ~~All~~ The Committee shall subject all research projects awarded using monies from the fund ~~shall be subject~~ to peer review.

C. Monies in the Breast Cancer Act Revolving Fund may be expended by the State Department of Health, subject to review by the Oklahoma Breast Cancer Prevention and Treatment Advisory Committee, for promotional activities to encourage donations to the Breast Cancer Act Revolving Fund by individuals and private businesses or foundations.

D. 1. On July 1, 1998, any unallotted balance in the Breast Cancer Act Revolving Fund created in Section 5060.9d of Title 74 of the Oklahoma Statutes shall be transferred to the fund created by this section.

2. All monies donated for the Breast Cancer Act which have not been allocated to the Breast Cancer Act Revolving Fund created in Section 5060.9d of Title 74 of the Oklahoma Statutes before July 1, 1998, shall be allocated to the fund created in this section.

3. All outstanding obligations and encumbrances of the Breast Cancer Act Revolving Fund created in Section 5060.9d of Title 74 of the Oklahoma Statutes shall be transferred to the fund created by this section on ~~the effective date of this act~~ July 1, 1998.

SECTION 4. AMENDATORY Section 4, Chapter 336, O.S.L. 1993, as last amended by Section 2, Chapter 326, O.S.L. 1996 (56 O.S. Supp. 2000, Section 1010.4), is amended to read as follows:

Section 1010.4 A. The Oklahoma Health Care Authority shall take all steps necessary to implement the Oklahoma Medicaid Healthcare Options System as required by the Oklahoma Medicaid Healthcare Options Act.

B. The implementation of the System shall include but not be limited to the following:

1. Development of operations plans for the System which include reasonable access to hospitalization, eye care, dental care, medical care and other medically related services for members, including but not limited to access to twenty-four-hour emergency care;

2. Contract administration and oversight of participating providers;

3. Technical assistance services to participating providers and potential participating providers;

4. Development of a complete plan of accounts and controls for the System including, but not limited to, provisions designed to ensure that covered health and medical services provided through the System are not used unnecessarily or unreasonably;

5. Establishment of peer review and utilization study functions for all participating providers;

6. Technical assistance for the formation of medical care consortiums to provide covered health and medical services under the System. Development of service plans and consortiums may be on the basis of medical referral patterns;

7. Development and management of a provider payment system;

8. Establishment and management of a comprehensive plan for ensuring the quality of care delivered by the System;

9. Establishment and management of a comprehensive plan to prevent fraud by members, eligible persons and participating providers of the System;

10. Coordination of benefits provided under the Oklahoma Medicaid Healthcare Options Act to any member;

11. Development of a health education and information program;

12. Development and management of a participant enrollment system;

13. Establishment and maintenance of a claims resolution procedure to ensure that a submitted claim is resolved within forty-five (45) days of the date the claim is correctly submitted;

14. Establishment of standards for the coordination of medical care and patient transfers;

15. Provision for the transition of patients between participating providers and nonparticipating providers;

16. Provision for the transfer of members and persons who have been determined eligible from hospitals which do not have contracts to care for such persons;

17. Specification of enrollment procedures including, but not limited to, notice to providers of enrollment. Such procedures may provide for varying time limits for enrollment in different situations;

18. Establishment of uniform forms and procedures to be used by all participating providers;

19. Methods of identification of members to be used for determining and reporting eligibility of members; and

20. Establishment of a comprehensive eye care and dental care system which:

- a. includes practitioners as participating providers,
- b. provides for quality care and reasonable and equal access to such practitioners, and

- c. provides for the development of service plans, referral plans and consortiums which result in referral practices that reflect timely, convenient and cost-effective access to such care for members in both rural and urban areas.
21. a. Development of a program for Medicaid eligibility and services for individuals who are in need of breast or cervical cancer treatment and who:
- (1) have family incomes that are below one hundred eighty-five percent (185%) of the federal poverty level,
 - (2) have not attained the age of sixty-five (65) years,
 - (3) have no or have inadequate health insurance or health benefit coverage for treatment of breast and cervical cancer, and
 - (4) meet the requirements for treatment and have been screened for breast or cervical cancer.
- b. The program shall include presumptive eligibility and shall provide for treatment throughout the period of time required for treatment of the individual's breast or cervical cancer.

On or before July 1, 2002, the Oklahoma Health Care Authority shall coordinate with the State Commissioner of Health to develop procedures to implement the program, contingent upon funds becoming available.

C. Except for reinsurance obtained by providers, the Authority shall coordinate benefits provided under the Oklahoma Medicaid Healthcare Options Act to any eligible person who is covered by workers' compensation, disability insurance, a hospital and medical service corporation, a health care services organization or other health or medical or disability insurance plan, or who receives

payments for accident-related injuries, so that any costs for hospitalization and medical care paid by the System are recovered first from any other available third party payors. The System shall be the payor of last resort for eligible persons.

D. Prior to the development of the plan of accounts and controls required by this section and periodically thereafter, the Authority shall compare the scope, utilization rates, utilization control methods and unit prices of major health and medical services provided in this state with health care services in other states to identify any unnecessary or unreasonable utilization within the System. The Authority shall periodically assess the cost effectiveness and health implications of alternate approaches to the provision of covered health and medical services through the System in order to reduce unnecessary or unreasonable utilization.

E. The Authority may contract distinct administrative functions to one or more persons or organizations who may be participating providers within the System.

F. Contracts for managed health care plans, authorized pursuant to paragraph 2 of subsection A of Section 1010.3 of ~~Title 56 of the Oklahoma Statutes~~ this title and necessary to implement the System, and other contracts entered into prior to July 1, 1996, shall not be subject to the provisions of the Oklahoma Central Purchasing Act.

G. The Board shall promulgate rules:

1. Establishing appropriate competitive bidding criteria and procedures for contracts awarded pursuant to the Oklahoma Medicaid Healthcare Options Act;

2. Which provide for the withholding or forfeiture of payments to be made to a participating provider by the Oklahoma Medicaid Healthcare Options System for the failure of the participating provider to comply with a provision of the participating provider's contract with the System or with the provisions of promulgated rules or law; and

3. Necessary to carry out the provisions of the Oklahoma Medicaid Healthcare Options Act. Such rules shall consider the differences between rural and urban conditions on the delivery of hospitalization, eye care, dental care and medical care.

SECTION 5. AMENDATORY 63 O.S. 1991, Section 1-2503, as amended by Section 3, Chapter 156, O.S.L. 1999 (63 O.S. Supp. 2000, 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 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 as required. 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 life support,
- b. Intermediate life support,
- c. Paramedic life support, ~~and~~
- d. Stretcher aid van, and
- 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 and stretcher aid van 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, which is to include stretcher aid van service 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 and stretcher aid van service 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, stretcher aid van and ambulances,
- b. first response services provided by first response agencies,
- c. ambulance services, both emergency ~~and,~~ routine, and stretcher aid van 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, stretcher aid van 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. "Stretcher aid van" means any ground vehicle which is or should be approved by the State Commissioner of Health, which is designed and equipped to transport individuals on a stretcher or gurney type apparatus. Vehicles used as stretcher aid vans 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. Stretcher aid van services shall only be permitted and approved by the Commissioner in emergency medical service regions, ambulance service districts, or municipalities with populations in excess of 300,000 people;

23. "Stretcher aid van patient" means any person who is or will be transported in a reclining position on a stretcher or gurney, who is medically stable, non-emergent and does not require any medical monitoring equipment or assistance during transport; and

24. "Transport protocol" means the written instructions governing decision-making at the scene of a medical emergency ~~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 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 6. AMENDATORY 63 O.S. 1991, Section 1-2511, as last amended by Section 4, Chapter 156, O.S.L. 1999 (63 O.S. Supp. 2000, 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~~ with regard to 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 Emergency Response ~~System~~ Systems Development 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 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 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 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 the Oklahoma Emergency Response Systems Development Act;

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 7. 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 enact the requirements provisions 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 8. AMENDATORY 63 O.S. 1991, Section 1-2515, as last amended by Section 1, Chapter 281, O.S.L. 1997 (63 O.S. Supp. 2000, 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 stretcher aid van and/or 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 stretcher aid van and/or 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 9. AMENDATORY Section 2, Chapter 236, O.S.L. 1994, as amended by Section 1, Chapter 62, O.S.L. 1996 (63 O.S. Supp. 2000, 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 State Commissioner of Health~~;~~

~~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 Commissioner, 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~~ terms of one (1) year. The remaining appointees of the Council shall be appointed for a ~~term~~ terms of two (2) years. Thereafter, all appointees shall be appointed for a ~~term~~ terms 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 10. This act shall become effective November 1, 2001.

48-1-1702

CJ

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