

STATE OF OKLAHOMA

2nd Session of the 48th Legislature (2002)

COMMITTEE SUBSTITUTE
FOR
SENATE BILL 1467

By: Robinson

COMMITTEE SUBSTITUTE

An Act relating to public health and safety; creating the End Stage Renal Disease (ESRD) Task Force; requiring the State Commissioner of Health to make appointments; stating purpose; providing for a report; providing for membership, appointment and qualifications; providing for meetings, election and duties of chair and vice chair, travel reimbursement and terms; requiring action in accordance with specified acts; providing for Task Force duty and authority; providing for codification; providing an effective date; and declaring an emergency.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-723.1 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The State Commissioner of Health shall appoint an End Stage Renal Disease (ESRD) Task Force to review the management and operations of end stage renal disease facilities in this state and to recommend actions to improve patient care. The Task Force shall prepare and submit a final report to the Legislature on or before July 1, 2003.

B. The Task Force shall be composed of eleven (11) members appointed by the Commissioner as follows:

1. Three patients or immediate family members of a patient diagnosed with end stage renal disease, two of whom shall be representatives of ethnic groups having a high incidence of diabetes or kidney failure. Patient representatives may be selected from a population of individuals with current successful renal transplants,

if at one time the individual received treatment at an ESRD facility;

2. One member who shall be a licensed physician with a practice which includes end stage renal disease care and services;

3. One member who shall be an Oklahoma-based representative of a regional agency under contract with the Center for Medicare and Medicaid Services to assess and improve the quality of care provided to patients with end stage renal disease and who is currently employed or serving in an advisory capacity to such regional agency, at the time of nomination to the Task Force;

4. Two members who shall be licensed, registered nurses and current members of a nationally recognized nephrology nursing association, and who specialize in end stage renal disease care;

5. Two members who shall be end stage renal disease facility administrators;

6. One member who shall be a licensed dietician specializing in end stage renal disease; and

7. One member who shall be a social worker specializing in the area of end stage renal disease.

C. 1. The initial term of the renal administrator, a registered nurse and a patient or immediate family member of an ESRD patient shall be one (1) year. The initial term of the licensed physician, the renal dietician and the renal social worker and one patient or immediate family member of an ESRD patient shall be two (2) years. The initial terms of all other members shall be three (3) years. Thereafter all members shall be appointed for terms of three (3) years.

2. Members of the Task Force may be removed by the Commissioner for cause.

D. 1. The Task Force shall meet quarterly. The Commissioner shall convene the first meeting of the Task Force on or before September 1, 2002. The Task Force shall annually elect from among

its members a chair and vice chair. The chair shall preside at meetings of the Task Force, set the agenda, and perform other duties as may be prescribed by the Commissioner. The vice chair shall act in the absence of the chair. Members of the Task Force shall serve without compensation but shall be reimbursed by the State Department of Health for travel expenses related to their service as authorized by the State Travel Reimbursement Act.

2. The Task Force shall act in accordance with the provisions of the Administrative Procedures Act.

E. The Task Force shall have the duty and authority to:

1. Review and report on the status and rank of Oklahoma ESRD facilities in relation to national levels with regard to achievement of standardized quality monitor levels for indices such as anemia management, adequacy of dialysis, standardized mortality rates and infection control outcomes;

2. Evaluate, review, and make recommendations regarding the condition of Oklahoma ESRD facilities; provided, however, the Task Force shall not make recommendations regarding scope of practice issues for any health care provider or practitioner regulated pursuant to Title 59 of the Oklahoma Statutes; and

3. Evaluate and review the status of Oklahoma ESRD facilities with regard to:

- a. current design and space requirements,
- b. emergency and disaster preparedness,
- c. facility communication responsibilities,
- d. water treatment and reuse by facility,
- e. patient care and treatment,
- f. qualifications and supervision of the professional staff, including physicians, as well as other personnel, and
- g. patient and facility rights and responsibilities.

SECTION 2. This act shall become effective July 1, 2002.

SECTION 3. 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.

48-2-3105

CJ

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