

ENROLLED SENATE  
BILL NO. 539

By: Monson of the Senate

and

Roan, Nance and Wesselhoft  
of the House

An Act relating to public health and safety; amending 63 O.S. 2001, Sections 1-2506, 1-2509, 1-2511 and 1-2516, as amended by Section 1, Chapter 85, O.S.L. 2002 (63 O.S. Supp. 2004, Section 1-2516), which relate to performance of medical procedures, ambulance service operations, the Oklahoma Emergency Medical Services Improvement Program and the Oklahoma Emergency Response Systems Development Advisory Council; clarifying when and how licensed and certified emergency medical personnel shall act; providing for response to an emergency request for care by certain ground ambulance service under specified conditions; providing for documentation requirements; authorizing complaint investigation in specified manner; deleting provisions for use of certain data set and standard in lieu of the standard report; clarifying language and term of service on certain council; repealing 63 O.S. 2001, Sections 1-2507, 1-2514, 1-2517, 1-2518, 1-2519, 1-2520 and 1-2521, which relate to Emergency Medical Technician Licensing, ambulance service entities and the Supplemental Emergency Services District Act; providing an effective date; and declaring an emergency.

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

SECTION 1. AMENDATORY 63 O.S. 2001, Section 1-2506, is amended to read as follows:

Section 1-2506. Licensed and certified emergency medical personnel, while a duty to act is in effect, shall perform medical procedures to assist patients to the best of their abilities under the direction of a medical director or in accordance with written protocols, which may include standing orders, authorized and developed by the medical director and approved by the State Department of Health when not in conflict with standards recommended by the Medical Direction Subcommittee of the Oklahoma Emergency Response Systems Development Advisory Council and approved by the State Board of Health. Licensure, certification and authorization

for emergency medical personnel to perform medical procedures must be consistent with provisions of this act, and rules ~~and regulations~~ adopted by the ~~State~~ Board. Medical control and medical directors shall meet such requirements as prescribed through rules ~~and regulations~~ adopted by the ~~State~~ Board.

SECTION 2. AMENDATORY 63 O.S. 2001, Section 1-2509, is amended to read as follows:

Section 1-2509. A. 1. No person, company, governmental entity or trust authority may operate an ambulance service within this state except as provided herein. The State Commissioner of Health, the district attorney of the county wherein the ambulance service operates or may be found or the Attorney General of this state shall have the authority to bring an action to enjoin the operation of any such ambulance service not in compliance with the provisions of this act.

2. A ground ambulance service based outside this state, licensed in good standing in its home state, may respond to an emergency request for care and transportation of a patient within this state provided no local licensed ambulance service is readily available, and may be exempt from licensing requirements pursuant to rules promulgated by the State Board of Health.

3. Requests for service must be referred by an emergency dispatch center in Oklahoma.

4. Pursuant to rules promulgated by the State Board of Health, the Commissioner of Health may issue an Oklahoma Air Ambulance Provider License to an air ambulance provider that is duly licensed, operating and responding from a base in an adjoining state. The ambulance providers shall not be required to have staff licensed in this state so long as all staff meets the licensure requirements in the state of origin.

B. The Commissioner shall have the authority to revoke or suspend any license, to issue probationary licenses, or to levy such administrative fines and penalties as may be deemed necessary, for violations of the provisions of this act, subject to the provisions of the ~~Oklahoma~~ Administrative Procedures Act. The powers afforded the Commissioner within the general enforcement provisions of the Public Health Code are additionally incorporated herein.

C. In addition to any other penalties, any person, company, governmental entity or trust authority who violates any of the provisions of this act relating to compliance with the provisions of this act or of standards, specifications, procedures, and rules ~~and regulations~~ adopted by the ~~State~~ Board may be punished by the assessment of a civil penalty of not more than One Hundred Dollars (\$100.00) for each violation. Each day a violation continues shall be considered a separate offense.

D. The operation or maintenance of an ambulance service in violation of this act, or the rules ~~and regulations~~ promulgated by the ~~State~~ Board, is declared a public nuisance inimical to the public welfare. The Commissioner in the name of the people of the

state, through the Attorney General, or the district attorney of the county in which the ambulance service is located, may, in addition to other remedies herein provided, bring action for an injunction to restrain such violation or to enjoin the future operation or maintenance of any such ambulance service.

SECTION 3. AMENDATORY 63 O.S. 2001, Section 1-2511, is amended to read as follows:

Section 1-2511. The State Commissioner of Health shall have the following powers and duties 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 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 4. AMENDATORY 63 O.S. 2001, Section 1-2516, as amended by Section 1, Chapter 85, O.S.L. 2002 (63 O.S. Supp. 2004, Section 1-2516), is amended to read as follows:

Section 1-2516. A. 1. There is hereby re-created the Oklahoma Emergency Response Systems Development Advisory Council until July 1, 2008, in accordance with the provisions of the Oklahoma Sunset Law, 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:

- a. six members shall be appointed by the Governor,
- b. five members shall be appointed by the State Commissioner of Health,
- c. four members shall be appointed by the Speaker of the House of Representatives, and
- 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 terms of one (1) year. The remaining appointees of the Council shall be

appointed for terms of two (2) years. Thereafter, all appointees shall be appointed for terms of two (2) years. All appointees shall be eligible for reappointment, but in no case shall any appointee ~~serve~~ be appointed for more than six (6) consecutive 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. 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. REPEALER 63 O.S. 2001, Sections 1-2507, 1-2514, 1-2517, 1-2518, 1-2519, 1-2520 and 1-2521, are hereby repealed.

SECTION 6. This act shall become effective July 1, 2005.

SECTION 7. 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.

Passed the Senate the 12th day of May, 2005.

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Presiding Officer of the Senate

Passed the House of Representatives the 5th day of April, 2005.

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Presiding Officer of the House  
of Representatives