

1 STATE OF OKLAHOMA

2 1st Session of the 51st Legislature (2007)

3 COMMITTEE SUBSTITUTE
4 FOR

5 SENATE BILL 531

6 By: Anderson

7 COMMITTEE SUBSTITUTE

8 [public health and safety - emergency response
9 systems - effective date]

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

14 SECTION 1. AMENDATORY 63 O.S. 2001, Section 1-2503, as
15 last amended by Section 1, Chapter 155, O.S.L. 2006 (63 O.S. Supp.
16 2006, Section 1-2503), is amended to read as follows:

17 Section 1-2503. As used in the Oklahoma Emergency Response
18 Systems Development Act:

19 1. "Ambulance" means any ground, air or water vehicle which is
20 or should be approved by the State Commissioner of Health, designed
21 and equipped to transport a patient or patients and to provide
22 appropriate on-scene and en route patient stabilization and care as
23 required. Vehicles used as ambulances shall meet such standards as

1 may be required by the State Board of Health for approval, and shall
2 display evidence of such approval at all times;

3 2. "Ambulance authority" means any public trust or nonprofit
4 corporation established by the state or any unit of local government
5 or combination of units of government for the express purpose of
6 providing, directly or by contract, emergency medical services in a
7 specified area of the state;

8 3. "Ambulance patient" or "patient" means any person who is or
9 will be transported in a reclining position to or from a health care
10 facility in an ambulance;

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

15 5. "Ambulance service district" means any county, group of
16 counties or parts of counties formed together to provide, operate
17 and finance emergency medical services as provided by Section 9C of
18 Article X of the Oklahoma Constitution or Sections 1201 through 1221
19 of Title 19 of the Oklahoma Statutes;

20 6. "Board" means the State Board of Health;

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

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

1 9. "Council" means the Oklahoma Emergency Response Systems
2 Development Advisory Council;

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

4 11. "Emergency Medical Dispatch (EMD)" means a process where
5 calls for emergency medical services are managed by personnel
6 trained in a Department-approved standard curriculum, using
7 Department-approved standard protocols and directed by a Department-
8 approved physician medical director;

9 12. "Emergency medical services system" means a system which
10 provides for the organization and appropriate designation of
11 personnel, facilities and equipment for the effective and
12 coordinated local, regional and statewide delivery of health care
13 services primarily under emergency conditions;

14 ~~12.~~ 13. "Emergency Medical Technician/Basic, Emergency Medical
15 Technician/Intermediate, Emergency Medical Technician/Advanced
16 Cardiac, or Emergency Medical Technician/Paramedic" means an
17 individual licensed by the Department to perform emergency medical
18 services in accordance with the Oklahoma Emergency Response Systems
19 Development Act and in accordance with the rules and standards
20 promulgated by the Board;

21 ~~13.~~ 14. "First responder" means an individual certified by the
22 Department to perform emergency medical services in accordance with
23 the Oklahoma Emergency Response Systems Development Act and in
24 accordance with the rules and standards promulgated by the Board;

1 ~~14.~~ 15. "First response agency" means an organization of any
2 type certified by the Department to provide emergency medical care,
3 but not transport. First response agencies may utilize certified
4 first responders or licensed emergency medical technicians;
5 provided, however, that all personnel so utilized shall function
6 under the direction of and consistent with guidelines for medical
7 control;

8 ~~15.~~ 16. "Licensure" means the licensing of emergency medical
9 care providers and ambulance services pursuant to rules and
10 standards promulgated by the Board at one or more of the following
11 levels:

- 12 a. Basic life support,
- 13 b. Intermediate life support,
- 14 c. Paramedic life support,
- 15 d. Stretcher aid van, and
- 16 e. Specialized Mobile Intensive Care, which shall be used
17 solely for inter-hospital transport of patients
18 requiring specialized en route medical monitoring and
19 advanced life support which exceed the capabilities of
20 the equipment and personnel provided by paramedic life
21 support.

22 Requirements for each level of care shall be established by the
23 Board. Licensure at any level of care includes a license to operate
24 at any lower level, with the exception of licensure for Specialized

1 Mobile Intensive Care; provided, however, that the highest level of
2 care offered by an ambulance service shall be available twenty-four
3 (24) hours each day, three hundred sixty-five (365) days per year.

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

6 ~~16.~~ 17. "Medical control" means local, regional or statewide
7 medical direction and quality assurance of health care delivery in
8 an emergency medical service system. On-line medical control is the
9 medical direction given to emergency medical personnel and stretcher
10 aid van personnel by a physician via radio or telephone. Off-line
11 medical control is the establishment and monitoring of all medical
12 components of an emergency medical service system, which is to
13 include stretcher aid van service including, but not limited to,
14 protocols, standing orders, educational programs, and the quality
15 and delivery of on-line control;

16 ~~17.~~ 18. "Medical director" means a physician, fully licensed
17 without restriction, who acts as a paid or volunteer medical advisor
18 to a licensed ambulance service and who monitors and directs the
19 care so provided. Such physicians shall meet such qualifications
20 and requirements as may be promulgated by the Board;

21 ~~18.~~ 19. "Medical Emergency Resource Center (MERC)" means a
22 resource that operates to coordinate medical responders in times of
23 disaster or urgent public health needs;

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1 20. "Region" or "emergency medical service region" means two or
2 more municipalities, counties, ambulance districts or other
3 political subdivisions exercising joint control over one or more
4 providers of emergency medical services and stretcher aid van
5 service through common ordinances, authorities, boards or other
6 means;

7 ~~19.~~ 21. "Regional emergency medical services system" means a
8 network of organizations, individuals, facilities and equipment
9 which serves a region, subject to a unified set of regional rules
10 and standards which may exceed, but may not be in contravention of,
11 those required by the state, which is under the medical direction of
12 a single regional medical director, and which participates directly
13 in the delivery of the following services:

- 14 a. medical call-taking and emergency medical services
15 dispatching, emergency and routine, including priority
16 dispatching of first response agencies, stretcher aid
17 van and ambulances,
- 18 b. first response services provided by first response
19 agencies,
- 20 c. ambulance services, both emergency, routine and
21 stretcher aid van including, but not limited to, the
22 transport of patients in accordance with transport
23 protocols approved by the regional medical director,
24 and

1 d. directions given by physicians directly via radio or
2 telephone, or by written protocol, to first response
3 agencies, stretcher aid van or ambulance personnel at
4 the scene of an emergency or while en route to a
5 hospital;

6 ~~20.~~ 22. "Regional medical director" means a licensed physician,
7 who meets or exceeds the qualifications of a medical director as
8 defined by the Oklahoma Emergency Response Systems Development Act,
9 chosen by an emergency medical service region to provide external
10 medical oversight, quality control and related services to that
11 region;

12 ~~21.~~ 23. "Regional Medical Response System (RMRS)" means a
13 Department-recognized system that coordinates multiple providers of
14 emergency medical services using a common medical director,
15 emergency dispatch services, treatment protocols and quality
16 improvement activities, both in daily operations and disaster
17 conditions;

18 24. "Registration" means the listing of an ambulance service in
19 a registry maintained by the Department; provided, however,
20 registration shall not be deemed to be a license;

21 ~~22.~~ 25. "Stretcher aid van" means any ground vehicle which is
22 or should be approved by the State Commissioner of Health, which is
23 designed and equipped to transport individuals on a stretcher or
24 gurney type apparatus. Vehicles used as stretcher aid vans shall

1 meet such standards as may be required by the State Board of Health
2 for approval and shall display evidence of such approval at all
3 times. Stretcher aid van services shall only be permitted and
4 approved by the Commissioner in emergency medical service regions,
5 ambulance service districts, or municipalities with populations in
6 excess of 300,000 people. Notwithstanding the provisions of this
7 paragraph, stretcher aid van transports may be made to and from any
8 federal or state veterans facility;

9 ~~23-~~ 26. "Stretcher aid van patient" means any person who is or
10 will be transported in a reclining position on a stretcher or
11 gurney, who is medically stable, non-emergent and does not require
12 any medical monitoring equipment or assistance during transport; and

13 ~~24-~~ 27. "Transport protocol" means the written instructions
14 governing decision-making at the scene of a medical emergency by
15 ambulance personnel regarding the selection of the hospital to which
16 the patient shall be transported. Transport protocols shall be
17 developed by the regional medical director for a regional emergency
18 medical services system or by the Department if no regional
19 emergency medical services system has been established. Such
20 transport protocols shall adhere to, at a minimum, the following
21 guidelines:

22 a. nonemergency, routine transport shall be to the
23 facility of the patient's choice,

24

- 1 b. urgent or emergency transport not involving life-
2 threatening medical illness or injury shall be to the
3 nearest facility, or, subject to transport
4 availability and system area coverage, to the facility
5 of the patient's choice, and
- 6 c. life-threatening medical illness or injury shall
7 require transport to the nearest health care facility
8 appropriate to the needs of the patient as established
9 by regional or state guidelines.

10 SECTION 2. NEW LAW A new section of law to be codified
11 in the Oklahoma Statutes as Section 1-2512.1 of Title 63, unless
12 there is created a duplication in numbering, reads as follows:

13 There is hereby created in the State Treasury a revolving fund
14 for the State Department of Health to be designated the "Oklahoma
15 Emergency Response Systems Development Revolving Fund". The fund
16 shall be a continuing fund, not subject to fiscal year limitations,
17 and shall consist of all monies received by the State Department of
18 Health from state and federal appropriations. All monies accruing
19 to the credit of said fund are hereby appropriated and may be
20 budgeted and expended by the Division of Emergency Medical Services
21 for the purpose of funding assessment activities, providing grants
22 for the development of regional emergency medical services systems,
23 and providing capital and equipment grants. Expenditures from said
24 fund shall be made upon warrants issued by the State Treasurer

1 against claims filed as prescribed by law with the Director of State
2 Finance for approval and payment.

3 SECTION 3. AMENDATORY 63 O.S. 2001, Section 1-2511, as
4 amended by Section 3, Chapter 204, O.S.L. 2005 (63 O.S. Supp. 2006,
5 Section 1-2511), is amended to read as follows:

6 Section 1-2511. The State Commissioner of Health shall have the
7 following powers and duties with regard to an Oklahoma Emergency
8 Medical Services Improvement Program:

9 1. Administer and coordinate all federal and state programs,
10 not specifically assigned by state law to other state agencies,
11 which include provisions of the Federal Emergency Medical Services
12 Systems Act and other federal laws and programs relating to the
13 development of emergency medical services in this state. The
14 administration and coordination of federal and state laws and
15 programs relating to the development, planning, prevention,
16 improvement and management of emergency medical services, including
17 but not limited to the staffing of the Oklahoma Emergency Response
18 Systems Development Advisory Council, shall be conducted by the
19 Division of Emergency Medical Services, as prescribed by Section 1-
20 2510 of this title;

21 2. Assist private and public organizations, emergency medical
22 and health care providers, ambulance authorities, district boards
23 and other interested persons or groups in improving emergency
24 medical services at the local, municipal, district or state levels.

1 This assistance shall be through professional advice and technical
2 assistance;

3 3. Coordinate the efforts of local units of government to
4 establish service districts and set up boards of trustees or other
5 authorities to operate and finance emergency medical services in the
6 state as provided under Section 9C of Article X of the Oklahoma
7 Constitution or under Sections 1201 through 1221 of Title 19 of the
8 Oklahoma Statutes. The Commissioner shall evaluate all proposed
9 district areas and operational systems to determine the feasibility
10 of their economic and health services delivery;

11 4. Prepare, maintain and utilize a comprehensive plan and
12 program for emergency medical services development throughout the
13 state to be adopted by the State Board of Health and incorporated
14 within the State Health Plan. The plan shall establish goals,
15 objectives and standards for a statewide integrated system and a
16 timetable for accomplishing and implementing different elements of
17 the system. The plan shall also include, but not be limited to, all
18 components of an emergency medical services system; regional and
19 statewide planning; the establishment of standards and the
20 appropriate criteria for the designation of facilities; data
21 collection and quality assurance; and funding;

22 5. Maintain a comprehensive registry of all ambulance services
23 operating within the state, to be published annually. All ambulance
24 service providers shall register annually with the Commissioner on

1 forms supplied by the State Department of Health, containing such
2 requests for information as may be deemed necessary by the
3 Commissioner;

4 6. Develop a standard report form which may be used by local,
5 regional and statewide emergency medical services and emergency
6 medical services systems to facilitate the collection of data
7 related to the provision of emergency medical and trauma care. The
8 Commissioner shall also develop a standardized emergency medical
9 services data set and an electronic submission standard. Each
10 ambulance service shall submit the information required in this
11 section at such intervals as may be prescribed by rules promulgated
12 by the State Board of Health;

13 7. Evaluate and certify all emergency medical services training
14 programs and emergency medical technician training courses and
15 operational services in accordance with specifications and
16 procedures approved by the Board;

17 8. Provide an emergency medical technicians' and ambulance
18 service licensure program;

19 9. Develop and maintain a comprehensive training program for
20 emergency medical services medical directors;

21 10. Create a standing Medical Direction Subcommittee of the
22 Advisory Council to be composed entirely of physicians who are or
23 who have been medical directors or regional medical directors,
24 including the medical directors of each Regional Medical Response

1 System. Members of the Subcommittee shall be appointed by and shall
2 serve at the pleasure of the Commissioner. The Subcommittee shall
3 advise the Commissioner or the Commissioner's designee on the
4 following:

5 a. the design of all medical aspects and components of
6 emergency medical services systems,

7 b. the appropriateness of all standards for medical and
8 patient care operations or services, treatment
9 procedures and protocols,

10 c. the implementation and facilitation of regional EMS
11 Systems, and

12 d. such other matters and activities as directed by the
13 Commissioner or the Commissioner's designee;

14 ~~10.~~ 11. Employ and prescribe the duties of employees as may be
15 necessary to administer the provisions of the Oklahoma Emergency
16 Response Systems Development Act;

17 ~~11.~~ 12. Apply for and accept public and private gifts, grants,
18 donations and other forms of financial assistance designed for the
19 support of emergency medical services;

20 ~~12.~~ 13. Develop a classification system for all hospitals that
21 treat emergency patients. The classification system shall:

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

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

6 ~~13.~~ 14. Develop and monitor a statewide emergency medical
7 services and trauma analysis system designed to:

- 8 a. identify emergency patients and severely injured
9 trauma patients treated in Oklahoma,
10 b. identify the total amount of uncompensated emergency
11 care provided each fiscal year by each hospital and
12 ambulance service in Oklahoma, and
13 c. monitor emergency patient care provided by emergency
14 medical service and hospitals;

15 15. Establish and administer Regional Medical Response Systems
16 (RMRSS) statewide to coordinate medical responses in cooperation
17 with other emergency management agencies;

18 16. Establish a transition plan to ensure that the operations
19 of the Medical Emergency Response Centers shall not cease to exist
20 in the event of a loss of federal funding; and

21 17. Establish a transition plan to ensure that the operations
22 of the regional emergency medical services disaster response teams
23 as developed under the United States Health Resources and Services
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1 Administration grants shall not cease to exist in the event of a
2 loss of federal funding.

3 SECTION 4. This act shall become effective November 1, 2007.

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