

1 ENGROSSED SENATE  
2 BILL NO. 531

By: Anderson of the Senate

3 and

4 Roan of the House

5  
6  
7 [ public health and safety - emergency response

8 systems - codification -

9 effective date ]

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11

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

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

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

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

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

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

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

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

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

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

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

23       9. "Council" means the Oklahoma Emergency Response Systems  
24 Development Advisory Council;

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

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

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

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

19 ~~13.~~ 14. "First responder" means an individual certified by the  
20 Department to perform emergency medical services in accordance with  
21 the Oklahoma Emergency Response Systems Development Act and in  
22 accordance with the rules and standards promulgated by the Board;

23 ~~14.~~ 15. "First response agency" means an organization of any  
24 type certified by the Department to provide emergency medical care,

1 but not transport. First response agencies may utilize certified  
2 first responders or licensed emergency medical technicians;  
3 provided, however, that all personnel so utilized shall function  
4 under the direction of and consistent with guidelines for medical  
5 control;

6 ~~15.~~ 16. "Licensure" means the licensing of emergency medical  
7 care providers and ambulance services pursuant to rules and  
8 standards promulgated by the Board at one or more of the following  
9 levels:

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

20 Requirements for each level of care shall be established by the  
21 Board. Licensure at any level of care includes a license to operate  
22 at any lower level, with the exception of licensure for Specialized  
23 Mobile Intensive Care; provided, however, that the highest level of  
24

1 care offered by an ambulance service shall be available twenty-four  
2 (24) hours each day, three hundred sixty-five (365) days per year.

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

5 ~~16.~~ 17. "Medical control" means local, regional or statewide  
6 medical direction and quality assurance of health care delivery in  
7 an emergency medical service system. On-line medical control is the  
8 medical direction given to emergency medical personnel and stretcher  
9 aid van personnel by a physician via radio or telephone. Off-line  
10 medical control is the establishment and monitoring of all medical  
11 components of an emergency medical service system, which is to  
12 include stretcher aid van service including, but not limited to,  
13 protocols, standing orders, educational programs, and the quality  
14 and delivery of on-line control;

15 ~~17.~~ 18. "Medical director" means a physician, fully licensed  
16 without restriction, who acts as a paid or volunteer medical advisor  
17 to a licensed ambulance service and who monitors and directs the  
18 care so provided. Such physicians shall meet such qualifications  
19 and requirements as may be promulgated by the Board;

20 ~~18.~~ 19. "Medical Emergency Resource Center (MERC)" means a  
21 resource that operates to coordinate medical responders in times of  
22 disaster or urgent public health needs;

23 20. "Region" or "emergency medical service region" means two or  
24 more municipalities, counties, ambulance districts or other

1 political subdivisions exercising joint control over one or more  
2 providers of emergency medical services and stretcher aid van  
3 service through common ordinances, authorities, boards or other  
4 means;

5 ~~19.~~ 21. "Regional emergency medical services system" means a  
6 network of organizations, individuals, facilities and equipment  
7 which serves a region, subject to a unified set of regional rules  
8 and standards which may exceed, but may not be in contravention of,  
9 those required by the state, which is under the medical direction of  
10 a single regional medical director, and which participates directly  
11 in the delivery of the following services:

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

1 agencies, stretcher aid van or ambulance personnel at  
2 the scene of an emergency or while en route to a  
3 hospital;

4 ~~20.~~ 22. "Regional medical director" means a licensed physician,  
5 who meets or exceeds the qualifications of a medical director as  
6 defined by the Oklahoma Emergency Response Systems Development Act,  
7 chosen by an emergency medical service region to provide external  
8 medical oversight, quality control and related services to that  
9 region;

10 ~~21.~~ 23. "Regional Medical Response System (RMRS)" means a  
11 Department-recognized system that coordinates multiple providers of  
12 emergency medical services using a common medical director,  
13 emergency dispatch services, treatment protocols and quality  
14 improvement activities, both in daily operations and disaster  
15 conditions;

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

19 ~~22.~~ 25. "Stretcher aid van" means any ground vehicle which is  
20 or should be approved by the State Commissioner of Health, which is  
21 designed and equipped to transport individuals on a stretcher or  
22 gurney type apparatus. Vehicles used as stretcher aid vans shall  
23 meet such standards as may be required by the State Board of Health  
24 for approval and shall display evidence of such approval at all

1 times. Stretcher aid van services shall only be permitted and  
2 approved by the Commissioner in emergency medical service regions,  
3 ambulance service districts, or municipalities with populations in  
4 excess of 300,000 people. Notwithstanding the provisions of this  
5 paragraph, stretcher aid van transports may be made to and from any  
6 federal or state veterans facility;

7 ~~23.~~ 26. "Stretcher aid van patient" means any person who is or  
8 will be transported in a reclining position on a stretcher or  
9 gurney, who is medically stable, non-emergent and does not require  
10 any medical monitoring equipment or assistance during transport; and

11 ~~24.~~ 27. "Transport protocol" means the written instructions  
12 governing decision-making at the scene of a medical emergency by  
13 ambulance personnel regarding the selection of the hospital to which  
14 the patient shall be transported. Transport protocols shall be  
15 developed by the regional medical director for a regional emergency  
16 medical services system or by the Department if no regional  
17 emergency medical services system has been established. Such  
18 transport protocols shall adhere to, at a minimum, the following  
19 guidelines:

- 20 a. nonemergency, routine transport shall be to the  
21 facility of the patient's choice,
- 22 b. urgent or emergency transport not involving life-  
23 threatening medical illness or injury shall be to the  
24 nearest facility, or, subject to transport

1 availability and system area coverage, to the facility  
2 of the patient's choice, and

3 c. life-threatening medical illness or injury shall  
4 require transport to the nearest health care facility  
5 appropriate to the needs of the patient as established  
6 by regional or state guidelines.

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

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

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

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

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

19 2. Assist private and public organizations, emergency medical  
20 and health care providers, ambulance authorities, district boards  
21 and other interested persons or groups in improving emergency  
22 medical services at the local, municipal, district or state levels.  
23 This assistance shall be through professional advice and technical  
24 assistance;

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

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

20           5. Maintain a comprehensive registry of all ambulance services  
21 operating within the state, to be published annually. All ambulance  
22 service providers shall register annually with the Commissioner on  
23 forms supplied by the State Department of Health, containing such  
24

1 requests for information as may be deemed necessary by the  
2 Commissioner;

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

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

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

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

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

1 | serve at the pleasure of the Commissioner. The Subcommittee shall  
2 | advise the Commissioner or the Commissioner's designee on the  
3 | following:

- 4 |       a. the design of all medical aspects and components of  
5 |       emergency medical services systems,
- 6 |       b. the appropriateness of all standards for medical and  
7 |       patient care operations or services, treatment  
8 |       procedures and protocols,
- 9 |       c. the implementation and facilitation of regional EMS  
10 |       Systems, and
- 11 |       d. such other matters and activities as directed by the  
12 |       Commissioner or the Commissioner's designee;

13 |     ~~10.~~ 11. Employ and prescribe the duties of employees as may be  
14 | necessary to administer the provisions of the Oklahoma Emergency  
15 | Response Systems Development Act;

16 |     ~~11.~~ 12. Apply for and accept public and private gifts, grants,  
17 | donations and other forms of financial assistance designed for the  
18 | support of emergency medical services;

19 |     ~~12.~~ 13. Develop a classification system for all hospitals that  
20 | treat emergency patients. The classification system shall:

- 21 |       a. identify stabilizing and definitive emergency services  
22 |       provided by each hospital,
- 23 |       b. requires each hospital to notify the regional  
24 |       emergency medical services system control when

1 treatment services are at maximum capacity and that  
2 emergency patients should be diverted to another  
3 hospital; ~~and~~

4 ~~13.~~ 14. Develop and monitor a statewide emergency medical  
5 services and trauma analysis system designed to:

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

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

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

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

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

1 Passed the Senate the 6th day of March, 2007.

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3 \_\_\_\_\_  
4 Presiding Officer of the Senate

5 Passed the House of Representatives the \_\_\_\_ day of \_\_\_\_\_,  
6 2007.

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8 \_\_\_\_\_  
9 Presiding Officer of the House  
10 of Representatives