

THE HOUSE OF REPRESENTATIVES
Tuesday, April 17, 2007

Committee Substitute for
ENGROSSED
Senate Bill No. 531

COMMITTEE SUBSTITUTE FOR ENGROSSED SENATE BILL NO. 531 - By:
ANDERSON of the Senate and ROAN of the House.

(public health and safety - emergency response systems – codification -
effective date)

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

1 SECTION 1. AMENDATORY 63 O.S. 2001, Section 1-2503, as last amended by
2 Section 49 of Enrolled House Bill No. 2195 of the 1st Session of the 51st Oklahoma
3 Legislature, is amended to read as follows:
4 Section 1-2503. As used in the Oklahoma Emergency Response Systems
5 Development Act:
6 1. "Ambulance" means any ground, air or water vehicle which is or should be
7 approved by the State Commissioner of Health, designed and equipped to transport a
8 patient or patients and to provide appropriate on-scene and en route patient stabilization
9 and care as required. Vehicles used as ambulances shall meet such standards as may be
10 required by the State Board of Health for approval, and shall display evidence of such
11 approval at all times;

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

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

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

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

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

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

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

18 9. "Council" means the Oklahoma Emergency Response Systems Development
19 Advisory Council;

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

21 11. "Emergency Medical Dispatch (EMD)" means a process where calls for
22 emergency medical services are managed by personnel trained in a Department-

1 approved standard curriculum, using Department-approved standard protocols and
2 directed by a Department-approved physician medical director;

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

7 ~~12.~~ 13. "Emergency Medical Technician/Basic, Emergency Medical
8 Technician/Intermediate, Emergency Medical Technician/Advanced Cardiac, or
9 Emergency Medical Technician/Paramedic" means an individual licensed by the
10 Department to perform emergency medical services in accordance with the Oklahoma
11 Emergency Response Systems Development Act and in accordance with the rules and
12 standards promulgated by the Board;

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

17 ~~14.~~ 15. "First response agency" means an organization of any type certified by the
18 Department to provide emergency medical care, but not transport. First response
19 agencies may utilize certified first responders or licensed emergency medical technicians;
20 provided, however, that all personnel so utilized shall function under the direction of and
21 consistent with guidelines for medical control;

1 ~~15.~~ 16. "Licensure" means the licensing of emergency medical care providers and
2 ambulance services pursuant to rules and standards promulgated by the Board at one or
3 more of the following levels:

- 4 a. Basic life support,
- 5 b. Intermediate life support,
- 6 c. Paramedic life support,
- 7 d. Stretcher aid van, and
- 8 e. Specialized Mobile Intensive Care, which shall be used solely for inter-
9 hospital transport of patients requiring specialized en route medical
10 monitoring and advanced life support which exceed the capabilities of
11 the equipment and personnel provided by paramedic life support.

12 Requirements for each level of care shall be established by the Board. Licensure at
13 any level of care includes a license to operate at any lower level, with the exception of
14 licensure for Specialized Mobile Intensive Care; provided, however, that the highest level
15 of care offered by an ambulance service shall be available twenty-four (24) hours each
16 day, three hundred sixty-five (365) days per year.

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

19 ~~16.~~ 17. "Medical control" means local, regional or statewide medical direction and
20 quality assurance of health care delivery in an emergency medical service system. On-
21 line medical control is the medical direction given to emergency medical personnel and
22 stretcher aid van personnel by a physician via radio or telephone. Off-line medical

1 control is the establishment and monitoring of all medical components of an emergency
2 medical service system, which is to include stretcher aid van service including, but not
3 limited to, protocols, standing orders, educational programs, and the quality and delivery
4 of on-line control;

5 ~~17. 18.~~ "Medical director" means a physician, fully licensed without restriction, who
6 acts as a paid or volunteer medical advisor to a licensed ambulance service and who
7 monitors and directs the care so provided. Such physicians shall meet such
8 qualifications and requirements as may be promulgated by the Board;

9 ~~18. 19.~~ "Medical Emergency Resource Center (MERC)" means a resource that
10 operates to coordinate medical responders in times of disaster or urgent public health
11 needs;

12 20. "Region" or "emergency medical service region" means two or more
13 municipalities, counties, ambulance districts or other political subdivisions exercising
14 joint control over one or more providers of emergency medical services and stretcher aid
15 van service through common ordinances, authorities, boards or other means;

16 ~~19. 21.~~ "Regional emergency medical services system" means a network of
17 organizations, individuals, facilities and equipment which serves a region, subject to a
18 unified set of regional rules and standards which may exceed, but may not be in
19 contravention of, those required by the state, which is under the medical direction of a
20 single regional medical director, and which participates directly in the delivery of the
21 following services:

UNDERLINED language denotes Amendments to present Statutes.
BOLD FACE CAPITALIZED language denotes Committee Amendments.
~~Strike thru~~ language denotes deletion from present Statutes.

- 1 a. medical call-taking and emergency medical services dispatching,
2 emergency and routine, including priority dispatching of first response
3 agencies, stretcher aid van and ambulances,
4 b. first response services provided by first response agencies,
5 c. ambulance services, both emergency, routine and stretcher aid van
6 including, but not limited to, the transport of patients in accordance
7 with transport protocols approved by the regional medical director, and
8 d. directions given by physicians directly via radio or telephone, or by
9 written protocol, to first response agencies, stretcher aid van or
10 ambulance personnel at the scene of an emergency or while en route to
11 a hospital;

12 ~~20.~~ 22. "Regional medical director" means a licensed physician, who meets or
13 exceeds the qualifications of a medical director as defined by the Oklahoma Emergency
14 Response Systems Development Act, chosen by an emergency medical service region to
15 provide external medical oversight, quality control and related services to that region;

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

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

1 ~~22.~~ 25. "Stretcher aid van" means any ground vehicle which is or should be
2 approved by the State Commissioner of Health, which is designed and equipped to
3 transport individuals on a stretcher or gurney type apparatus. Vehicles used as
4 stretcher aid vans shall meet such standards as may be required by the State Board of
5 Health for approval and shall display evidence of such approval at all times. Stretcher
6 aid van services shall only be permitted and approved by the Commissioner in emergency
7 medical service regions, ambulance service districts, or municipalities with populations
8 in excess of 300,000 people, or for vendors under contract with and serving only the
9 United States Department of Veterans Affairs. Notwithstanding the provisions of this
10 paragraph, stretcher aid van transports may be made to and from any federal or state
11 veterans facility;

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

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

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

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

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

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

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

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

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

18 2. Administer medical emergency response centers to coordinate medical responses
19 in disasters and provide physician medical direction and certified emergency medical
20 dispatch services to rural agencies, and add the designated medical director of each
21 medical emergency response center to the Medical Direction Subcommittee of the
22 Oklahoma Emergency Response Systems Development Advisory Council;

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

4 This assistance shall be through professional advice and technical assistance;

5 ~~3.~~ 4. Coordinate the efforts of local units of government to establish service districts
6 and set up boards of trustees or other authorities to operate and finance emergency
7 medical services in the state as provided under Section 9C of Article X of the Oklahoma
8 Constitution or under Sections 1201 through 1221 of Title 19 of the Oklahoma Statutes.

9 The Commissioner shall evaluate all proposed district areas and operational systems to
10 determine the feasibility of their economic and health services delivery;

11 ~~4.~~ 5. Prepare, maintain and utilize a comprehensive plan and program for
12 emergency medical services development throughout the state to be adopted by the State
13 Board of Health and incorporated within the State Health Plan. The plan shall establish
14 goals, objectives and standards for a statewide integrated system and a timetable for
15 accomplishing and implementing different elements of the system. The plan shall also
16 include, but not be limited to, all components of an emergency medical services system;
17 regional and statewide planning; the establishment of standards and the appropriate
18 criteria for the designation of facilities; data collection and quality assurance; and
19 funding;

20 ~~5.~~ 6. Maintain a comprehensive registry of all ambulance services operating within
21 the state, to be published annually. All ambulance service providers shall register
22 annually with the Commissioner on forms supplied by the State Department of Health,

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

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

10 ~~7.~~ 8. Evaluate and certify all emergency medical services training programs and
11 emergency medical technician training courses and operational services in accordance
12 with specifications and procedures approved by the Board;

13 ~~8.~~ 9. Provide an emergency medical technicians' and ambulance service licensure
14 program;

15 ~~9.~~ 10. Develop and maintain a comprehensive training program for emergency
16 medical services medical directors;

17 11. Create a standing Medical Direction Subcommittee of the Advisory Council to
18 be composed entirely of physicians who are or who have been medical directors or
19 regional medical directors, including the medical directors of each Regional Medical
20 Response System. Members of the Subcommittee shall be appointed by and shall serve
21 at the pleasure of the Commissioner. The Subcommittee shall advise the Commissioner
22 or the Commissioner's designee on the following:

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

8 ~~10.~~ 12. Employ and prescribe the duties of employees as may be necessary to
9 administer the provisions of the Oklahoma Emergency Response Systems Development
10 Act;

11 ~~11.~~ 13. Apply for and accept public and private gifts, grants, donations and other
12 forms of financial assistance designed for the support of emergency medical services;

13 ~~12.~~ 14. Develop a classification system for all hospitals that treat emergency
14 patients. The classification system shall:

- 15 a. identify stabilizing and definitive emergency services provided by each
16 hospital,
17 b. requires each hospital to notify the regional emergency medical
18 services system control when treatment services are at maximum
19 capacity and that emergency patients should be diverted to another
20 hospital; ~~and~~

21 ~~13.~~ 15. Develop and monitor a statewide emergency medical services and trauma
22 analysis system designed to:

- 1 a. identify emergency patients and severely injured trauma patients
2 treated in Oklahoma,
3 b. identify the total amount of uncompensated emergency care provided
4 each fiscal year by each hospital and ambulance service in Oklahoma,
5 and
6 c. monitor emergency patient care provided by emergency medical service
7 and hospitals; and

8 16. Establish and administer Regional Medical Response Systems (RMRSs)
9 statewide to coordinate medical responses in cooperation with other emergency
10 management agencies.

11 B. The Oklahoma Department of Career and Technology Education and any
12 institution in The Oklahoma State System of Higher Education that provides emergency
13 medical technician training shall develop and maintain a comprehensive statewide
14 emergency medical technician training program meeting national accreditation
15 standards and ensuring statewide access through distance learning resources.

16 C. The State Department of Health shall:

17 1. Establish a tuition fund for emergency medical technicians providing tuition
18 reimbursement; and

19 2. Create a line-of-duty death benefit for emergency medical technicians using the
20 criteria established for fire and police as funds are available.

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

1 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 04-16-07 - DO
2 PASS, As Amended.