

1 STATE OF OKLAHOMA

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

3 SENATE BILL 531

By: Anderson

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5  
6 AS INTRODUCED

7 An Act relating to public health and safety; amending  
8 63 O.S. 2001, Section 1-2503, as last amended by  
9 Section 1, Chapter 155, O.S.L. 2006 (63 O.S. Supp.  
10 2006, Section 1-2503), which relates to the Oklahoma  
11 Emergency Response System Development Act; clarifying  
12 language; adding definitions; creating the Oklahoma  
13 Emergency Response Systems Development Revolving  
14 Fund; amending 63 O.S. 2001, Section 1-2511, as  
15 amended by Section 3, Chapter 204, O.S.L. 2005 (63  
16 O.S. Supp. 2006, Section 1-2511), which relates to  
17 the Oklahoma Emergency Medical Services Improvement  
18 Program; modifying and adding duties of State  
19 Commissioner of Health; providing for codification;  
20 and providing an effective date.

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

22 SECTION 1. AMENDATORY 63 O.S. 2001, Section 1-2503, as  
23 last amended by Section 1, Chapter 155, O.S.L. 2006 (63 O.S. Supp.  
24 2006, Section 1-2503), is amended to read as follows:

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

1. "Ambulance" means any ground, air or water vehicle which is  
or should be approved by the State Commissioner of Health, designed  
and equipped to transport a patient or patients and to provide  
appropriate on-scene and en route patient stabilization and care as

1 required. Vehicles used as ambulances shall meet such standards as  
2 may be required by the State Board of Health for approval, and shall  
3 display evidence of such approval at all times;

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

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

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

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

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

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

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

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

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

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

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

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

22 ~~13~~ 14. "First responder" means an individual certified by the  
23 Department to perform emergency medical services in accordance with  
24

1 the Oklahoma Emergency Response Systems Development Act and in  
2 accordance with the rules and standards promulgated by the Board;

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

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

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

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

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

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

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

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1        19. "Medical Emergency Resource Center (MERC)" means a resource  
2 that operates to coordinate medical responders in times of disaster  
3 or urgent public health needs;

4        ~~18~~ 20. "Region" or "emergency medical service region" means two  
5 or more municipalities, counties, ambulance districts or other  
6 political subdivisions exercising joint control over one or more  
7 providers of emergency medical services and stretcher aid van  
8 service through common ordinances, authorities, boards or other  
9 means;

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

- 17            a.    medical call-taking and emergency medical services  
18                    dispatching, emergency and routine, including priority  
19                    dispatching of first response agencies, stretcher aid  
20                    van and ambulances,
- 21            b.    first response services provided by first response  
22                    agencies,
- 23            c.    ambulance services, both emergency, routine and  
24                    stretcher aid van including, but not limited to, the

1 transport of patients in accordance with transport  
2 protocols approved by the regional medical director,  
3 and

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

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

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

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

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

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

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

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1 transport protocols shall adhere to, at a minimum, the following  
2 guidelines:

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

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

17 There is hereby created in the State Treasury a revolving fund  
18 for the State Department of Health to be designated the "Oklahoma  
19 Emergency Response Systems Development Revolving Fund". The fund  
20 shall be a continuing fund, not subject to fiscal year limitations,  
21 and shall consist of all monies received by the State Department of  
22 Health from state and federal appropriations. All monies accruing  
23 to the credit of said fund are hereby appropriated and may be  
24 budgeted and expended by the Division of Emergency Medical Services

1 for the purpose of funding assessment activities, providing  
2 development grants, and providing capital and equipment grants.  
3 Expenditures from said fund shall be made upon warrants issued by  
4 the State Treasurer against claims filed as prescribed by law with  
5 the Director of State Finance for approval and payment.

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

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

12 1. Administer and coordinate all federal and state programs,  
13 not specifically assigned by state law to other state agencies,  
14 which include provisions of the Federal Emergency Medical Services  
15 Systems Act and other federal laws and programs relating to the  
16 development of emergency medical services in this state. The  
17 administration and coordination of federal and state laws and  
18 programs relating to the development, planning, prevention,  
19 improvement and management of emergency medical services, including  
20 but not limited to the staffing of the Oklahoma Emergency Response  
21 Systems Development Advisory Council, shall be conducted by the  
22 Division of Emergency Medical Services, as prescribed by Section 1-  
23 2510 of this title;

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1           2. Assist private and public organizations, emergency medical  
2 and health care providers, ambulance authorities, district boards  
3 and other interested persons or groups in improving emergency  
4 medical services at the local, municipal, district or state levels.  
5 This assistance shall be through professional advice and technical  
6 assistance;

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

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

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1 appropriate criteria for the designation of facilities; data  
2 collection and quality assurance; and funding;

3 5. Maintain a comprehensive registry of all ambulance services  
4 operating within the state, to be published annually. All ambulance  
5 service providers shall register annually with the Commissioner on  
6 forms supplied by the State Department of Health, containing such  
7 requests for information as may be deemed necessary by the  
8 Commissioner;

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

18 7. Evaluate and certify all emergency medical services training  
19 programs and emergency medical technician training courses and  
20 operational services in accordance with specifications and  
21 procedures approved by the Board;

22 8. Provide an emergency medical technicians' and ambulance  
23 service licensure program;

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1           9. Create a standing Medical Direction Subcommittee of the  
2 Advisory Council to be composed entirely of physicians who are or  
3 who have been medical directors or regional medical directors,  
4 including the medical directors of each Regional Medical Response  
5 System. Members of the Subcommittee shall be appointed by and shall  
6 serve at the pleasure of the Commissioner. The Subcommittee shall  
7 advise the Commissioner or the Commissioner's designee on the  
8 following:

9           a. the design of all medical aspects and components of  
10 emergency medical services systems,

11           b. the appropriateness of all standards for medical and  
12 patient care operations or services, treatment procedures and  
13 protocols,

14           c. the implementation and facilitation of regional EMS  
15 Systems, and

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

18           10. Employ and prescribe the duties of employees as may be  
19 necessary to administer the provisions of the Oklahoma Emergency  
20 Response Systems Development Act;

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

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- 1        12. Develop a classification system for all hospitals that  
2 treat emergency patients. The classification system shall:
- 3        a. identify stabilizing and definitive emergency services  
4 provided by each hospital,
- 5        b. requires each hospital to notify the regional emergency  
6 medical services system control when treatment services are at  
7 maximum capacity and that emergency patients should be diverted to  
8 another hospital; ~~and~~
- 9        13. Develop and monitor a statewide emergency medical services  
10 and trauma analysis system designed to:
- 11        a. identify emergency patients and severely injured trauma  
12 patients treated in Oklahoma,
- 13        b. identify the total amount of uncompensated emergency care  
14 provided each fiscal year by each hospital and ambulance service in  
15 Oklahoma, and
- 16        c. monitor emergency patient care provided by emergency  
17 medical service and hospitals;
- 18        14. Establish and administer Regional Medical Response Systems  
19                Statewide to coordinate medical responses in  
20                anticipation of disasters; and
- 21        a. Establish Medical Emergency Response Centers  
22                (MERCs) within the regional systems. MERCs shall:
- 23                i. provide physician medical direction  
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1           ii. provide certified emergency medical dispatch (EMD)  
2                 services to rural areas of the state;

3           15. Establish a transition plan to ensure that the operations  
4 of the Medical Emergency Response Centers shall not cease to exist  
5 in the event of a loss of federal funding; and

6           16. Establish a transition plan to ensure that the operations  
7 of the regional Emergency Medical Services disaster response teams  
8 as developed under the United States Health Resources and Services  
9 Administration shall not cease to exist in the event of a loss of  
10 federal funding.

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

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