

**BILL SUMMARY**  
2nd Session of the 53rd Legislature

<b>Bill No.:</b>	<b>HB 2428</b>
<b>Version:</b>	<b>Introduced</b>
<b>Request Number:</b>	<b>7968</b>
<b>Author:</b>	<b>Rep. Roan</b>
<b>Date:</b>	<b>2/16/2012</b>
<b>Impact:</b>	<b>OSDH: Budget Neutral</b>

**Research Analysis**

HB 2428, as introduced, relates to emergency medical services.

Section 1 addresses county funding of ambulance service districts. The measure eliminates the one mill cap and gives counties the power and authority to raise revenue in any manner allowed by federal and state law to cover the cost of the district. A county that raises revenue through increased sales taxes for the purpose of funding emergency medical services pursuant to the Ambulance Service Districts Act would not be subject to the 2% county sales tax limitation. The measure also gives incorporated towns and cities the power and authority to raise revenue in any manner allowed by federal and state law to cover the cost of the district.

Section 2 of the measure transfers the powers and duties of the State Commissioner of Health which relate to the Oklahoma Emergency Medical Services Improvement Program to the Emergency Medical Services Board.

Section 3 provides for the allocation of dollars within the Trauma Care Assistance Revolving Fund used by the State Department of Health.

Section 4 of the measure explicitly states that the 2% limitation on county sales tax levies does not apply to any consumer sales tax levied for the purpose of funding emergency medical services pursuant to the Ambulance Service Districts Act.

Section 5 creates the Oklahoma Emergency Medical Services Act.

Section 6 defines the terms used within the Oklahoma Emergency Medical Services Act.

Section 7 abolishes the State Department of Health Division of Emergency Medical Services. All powers, duties and functions of the Division are transferred to the Emergency Medical Services Board. The measure also abolishes those duties of the State Commissioner of Health related to the Division of Emergency Medical Services and transfers the duties to the Board or the Administrator.

Section 8 creates the Emergency Medical Services Board and outlines the membership of the nine-member body. The measure provides the appointment procedures, outlines term lengths for board members, establishes the minimum meeting requirements, authorizes travel reimbursements, and stipulates that there is to be an annual election for a chair and vice-chair.

Pursuant to Section 9, the executive director of the Board is also the Administrator of the Board. The Board is to appoint the executive director. The executive director may hire other officers and employees to carry out the functions of the Board.

Sections 10 and 11 outline succession provisions, including that the Board is to be the successor to the State Department of Health Division of Emergency Medical Services and that the Administrator of the Board is to be the successor to the State Commissioner of Health with regards to duties related to the Division of Emergency Medical Services.

Section 12 relates to the transfer of certain officers and employees to the Board and addresses retention of earned leave and retirement, longevity and other benefits.

Pursuant to Section 13, whenever any conflict arises as to the disposition of any power, duty or function resulting from any abolishment or transfer made by the Oklahoma Emergency Medical Services Act, the conflict is to be resolved by the Governor.

Section 14 of the measure provides for the succession of property and records and for the transfer of unexpended Division funds to the Board.

Section 15 addresses lawsuit rights following the abolishment of the Division and creation of the Board.

Section 16 outlines the duties of the Board.

Section 17 permits the governing body of any municipality to establish an emergency medical service or ambulance service. Within the coverage area, the municipality may levy a tax of up to three mills for the establishment, operation, and maintenance of the service. This section of the measure also outlines procedures for notice, petitioning opposition, and adoption of the levy. Counties are not to provide ambulance service in any part of the county which receives ambulance service. The county is to reimburse any taxing district which provides ambulance services to the district. Taxing districts establishing ambulance service on or after November 1, 2012 are not entitled to reimbursement until a final order of the Board is issued.

Section 18 allows the governing body of any municipality to establish, operate, and maintain a centralized emergency service communication system.

Section 19 of the measure stipulates that a municipality may continue operation of emergency medical services, ambulance services, or centralized emergency communications systems already in place.

Section 20 outlines additional powers of municipalities operating an emergency medical service or ambulance service.

If the governing body of a municipality establishes an emergency medical service or ambulance service, Section 21 requires that a minimum set of standards be established for the operation of the service, for facilities and equipment, and for the qualifications and training of personnel.

Section 22 permits a county to establish an ambulance service taxing district. The governing body of each ambulance service taxing district is authorized to levy an annual tax of up to three mills on all property in the district.

Section 23 limits the liability of certain medical professionals, including but not limited to physicians, licensed professional nurses, emergency medical technicians and first responders.

Pursuant to Section 24, it is unlawful for any person or municipality to operate an ambulance service without a permit.

Section 25 requires that every emergency medical service have a medical director to oversee, review, approve and monitor the activities of the medics.

Section 26 describes the application process for a permit to operate an ambulance service.

Section 27 outlines circumstances in which a permit should not be issued. A permit to operate an ambulance service is valid a term fixed by the Board, not to exceed 24 months, and can be renewed upon payment of a fee, as fixed by the Board.

Section 28 requires a medic certificate or license and outlines the requirements for the Board's granting of a license and the length of the term of the license.

Section 29 relates to applications for certificates to initial EMS training programs. The measure requires approved training programs to achieve at least the national average first-time pass rate on the National Registry of Emergency Medical Technicians exam. Effective January 1, 2016, the Board will revoke or suspend the certification of any EMS program that does not have a certain pass rate on the National Registry exam in three of the last five years. Additionally, effective January 1, 2016, persons applying for initial license as a paramedic without the minimum of an associate's degree are to be granted a provisional license for two years. Upon renewal, applicants must possess a minimum of an associate's degree. Paramedics licensed prior to January 1, 2016 are exempt from these requirements.

Section 30 of the measure requires the direct supervision of a medic while in certain training situations.

Section 31 describes the application for an instructor's certificate and outlines the requirements for a medic to be granted such a certificate by the Board. The instructor's certificate expires on the expiration date of the medic's license, although the measure provides for renewal upon payment of a fee. An instructor's certificate may be denied, revoked, limited, modified, or suspended by the Board under certain conditions outlined in this section. Section 31 also requires that, effective January 1, 2016, paramedic instructors be national certified EMS educators and possess a minimum of an associate's degree.

Section 32 relates to the application for a training officer's certificate and outlines the requirements of an applicant, the expiration provisions of a certificate, and those conditions under which a training officer's certificate may be denied, revoked, limited, modified, or suspended.

Section 33 allows the Board to inspect the operation of ambulance services, inquire into the conduct of medics, and conduct periodic inspections of facilities, communications services, materials and equipment at any time without notice.

Section 34 stipulates that nothing in the Oklahoma Emergency Medical Services Act is to be construed as precluding any municipality from licensing and regulating ambulance services located within its jurisdiction, although any licensing requirements or regulations imposed by a municipality are to be in addition to and not in lieu of the provisions of the act.

Section 35 outlines the circumstances under which an operator's permit may be denied, revoked, limited, modified, or suspended by the Board.

Section 36 outlines the circumstances under which an a medic's license or instructor's certificate may be denied, revoked, limited, modified, suspended, or refused renewal by the Board.

Section 37 provides that an operator's permit may be temporarily limited or restricted by the Board, pending a hearing, upon the receipt of a complaint indicating the public health, safety, or welfare to be in immanent danger. The Board is not to limit or restrict any permit without first conducting a hearing.

Pursuant to Section 38, all ambulance services providing emergency care must offer service 24 hours per day, 365 days per year. This section of the measure also stipulates that whenever an operator is required to have a permit, at least one person on each vehicle providing emergency medical service must be a medic licensed as an emergency medical technician, advanced emergency medical technician or paramedic.

Section 39 outlines various exemptions to the Oklahoma Emergency Medical Services Act and certain situations under which the Act is not to preclude or prohibit another service from being provided.

Pursuant to section 40, persons violating the Oklahoma Emergency Medical Services Act or the applicable, related rules and regulations issued are to be guilty of a misdemeanor.

Section 41 stipulates that it is unlawful for an individual to represent themselves as a medic or instructor without a valid certificate or license pursuant to the Act. Violations will constitute a misdemeanor.

Section 42 creates an emergency medial services operating fund in the State Treasury.

Under the provisions of Section 43, the Board is to remit all monies to the State Treasurer for deposit in the emergency medical services operating fund.

Section 44 requires the Board to develop a statewide data collection system, within the limits of appropriations, to collect and analyze emergency medical services information. Each operator of an ambulance service is to collect and report information to the Board.

Section 45 provides for confidentiality of information provided to the Board.

Section 46 limits the liability of operators who report emergency services information to the Board in good faith.

Section 47 establishes the Rural Emergency Medical Service Survival Fund. Funding for the Rural Emergency Medical Service Survival Fund Program is not to exceed 50% of the funds generated by the Tobacco Prevention and Cessation Revolving Fund. This section of the measure also outlines the emergency medical services and ambulance services permitted to access the Fund.

Section 48 establishes an Emergency Medical Technician and Paramedic Scholarship Program. The fund will consist of monies received by the Board for implementation of the scholarship program. This section of the measure outlines the requirements of program.

Section 49 repeals 63 O.S. 2011, Section 1-2510, which relates to the Division of Emergency Medical Services.

Prepared By: Alexandra Edwards

### **Fiscal Analysis**

HB 2428 in its current form dissolves the State Department of Health Emergency Medical Services Division (OSDH-EMSD), transferring funding, powers, duties and personnel to a State entity created by the measure called the Emergency Medical Services Board (EMSB). The measure also creates two programs: the Rural Emergency Medical Service Survival Program and the Emergency Medical Technical and Paramedic Scholarship Program to be funded with existing funds received annually by the Trauma Care Assistance Revolving Fund (TCARF). Officials from OSDH anticipate the measure will be budget neutral toward the agency, since the funding removed from the agency will be equivalent to the duties transferred from OSDH to EMSB. The measure is anticipated to have \$0 direct fiscal impact on the State Budget or Appropriations.

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### **Other Considerations**

According to officials at OSDH, currently TCARF funds are primarily used for the reimbursement of uncompensated services provided by hospitals, air and land ambulance services and the trauma care referral system. The measure creates two new programs to be funded from an existing revenue source, TCARF. The measure will not change the level of revenue reaching TCARF. Programs funded by TCARF are funded based on funds available. Funding priorities related to existing programs funded by TCARF will be subject to the priorities of EMSB related to TCARF funding shifted to the newly created programs in the measure.