STATE OF OKLAHOMA

1st Session of the 54th Legislature (2013)

COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1083 By: Ownbey

COMMITTEE SUBSTITUTE

An Act relating to public health and safety; amending 63 O.S. 2011, Sections 1-2503, 1-2504, 1-2505, 1-2505.1, 1-2505.2, as amended by Section 489, Chapter 304, O.S.L. 2012, 1-2505.3 and 1-2511 (63 O.S. Supp. 2012, Section 1-2505.2), which relate to the Oklahoma Emergency Response Systems Development Act; modifying definitions; conforming references to certain personnel; requiring certain program to include certain requirement; repealing 63 O.S. 2011, Section 1-2508, which relates to the licensure of certain individuals without examination; and providing an effective date.

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

SECTION 1. AMENDATORY 63 O.S. 2011, 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 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

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

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

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

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

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

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

7. <u>"Certified emergency medical responder" means an individual certified by the Department to perform emergency medical services in accordance with the Oklahoma Emergency Response Systems Development</u>

Act and in accordance with the rules and standards promulgated by the Board;

8. "Certified emergency medical response agency" means an organization of any type certified by the Department to provide emergency medical care, but not transport. Certified emergency medical response agencies may utilize certified emergency medical responders or licensed emergency medical personnel; provided, however, that all personnel so utilized shall function under the direction of and consistent with guidelines for medical control;

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

~~8.~~ 10. "CoAEMSP" means the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions;

11. "Commissioner" means the State Commissioner of Health;

~~9.~~ 12. "Council" means the Oklahoma Emergency Response Systems Development Advisory Council;

~~10.~~ 13. "Critical care paramedic" or "CCP" means a licensed paramedic who has successfully completed critical care training and testing requirements in accordance with the Oklahoma Emergency Response Systems Development Act and in accordance with the rules and standards promulgated by the Board;

14. "Department" means the State Department of Health;

~~11.~~ 15. "Emergency medical services system" means a system which provides for the organization and appropriate designation of personnel, facilities and equipment for the effective and coordinated local, regional and statewide delivery of health care services primarily under emergency conditions;

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

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

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

~~15.~~ 16. "Letter of review" means the official designation from CoAEMSP to a paramedic program that is in the "becoming accredited" process;

17. "Licensed emergency medical personnel" means an emergency medical technician (EMT), an intermediate, an advanced emergency medical technician (AEMT), or a paramedic licensed by the Department to perform emergency medical services in accordance with the Oklahoma Emergency Response Systems Development Act and the rules and standards promulgated by the Board;

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

a. Basic life support,

b. Intermediate life support,

c. Paramedic life support,

d. Advanced life support,

e. Stretcher aid van, and

~~e. Specialized Mobile Intensive Care~~

f. Specialty care, which shall be used solely for interhospital transport of patients requiring specialized en route medical monitoring and advanced life support which exceed the capabilities of the equipment and personnel provided by paramedic life support.

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

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

~~16.~~ 19. "Medical control" means local, regional or statewide medical direction and quality assurance of health care delivery in an emergency medical service system. On-line medical control is the medical direction given to licensed emergency medical personnel, certified emergency medical responders and stretcher aid van personnel by a physician via radio or telephone. Off-line medical control is the establishment and monitoring of all medical components of an emergency medical service system, which is to include stretcher aid van service including, but not limited to, protocols, standing orders, educational programs, and the quality and delivery of on-line control;

~~17.~~ 20. "Medical director" means a physician, fully licensed without restriction, who acts as a paid or volunteer medical advisor to a licensed ambulance service and who monitors and directs the

care so provided. Such physicians shall meet such qualifications and requirements as may be promulgated by the Board;

~~18.~~ 21. "Region" or "emergency medical service region" means two or more municipalities, counties, ambulance districts or other political subdivisions exercising joint control over one or more providers of emergency medical services and stretcher aid van service through common ordinances, authorities, boards or other means;

~~19.~~ 22. "Regional emergency medical services system" means a network of organizations, individuals, facilities and equipment which serves a region, subject to a unified set of regional rules and standards which may exceed, but may not be in contravention of, those required by the state, which is under the medical direction of a single regional medical director, and which participates directly in the delivery of the following services:

a. medical call-taking and emergency medical services dispatching, emergency and routine, including priority dispatching of first response agencies, stretcher aid van and ambulances,

b. ~~first response~~ emergency medical responder services provided by ~~first~~ emergency medical response agencies,

c. ambulance services, both emergency, routine and stretcher aid van including, but not limited to, the transport of patients in accordance with transport

protocols approved by the regional medical director, and

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

~~20.~~ 23. "Regional medical director" means a licensed physician, who meets or exceeds the qualifications of a medical director as defined by the Oklahoma Emergency Response Systems Development Act, chosen by an emergency medical service region to provide external medical oversight, quality control and related services to that region;

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

~~22.~~ 25. "Stretcher aid van" means any ground vehicle which is or should be approved by the State Commissioner of Health, which is designed and equipped to transport individuals on a stretcher or gurney type apparatus. Vehicles used as stretcher aid vans shall meet such standards as may be required by the State Board of Health for approval and shall display evidence of such approval at all times. Stretcher aid van services shall only be permitted and approved by the Commissioner in emergency medical service regions,

ambulance service districts, or counties with populations in excess of 300,000 people. Notwithstanding the provisions of this paragraph, stretcher aid van transports may be made to and from any federal or state veterans facility;

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

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

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

b. urgent or emergency transport not involving life-threatening medical illness or injury shall be to the nearest facility, or, subject to transport availability and system area coverage, to the facility of the patient's choice, and

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

SECTION 2. AMENDATORY 63 O.S. 2011, Section 1-2504, is amended to read as follows:

Section 1-2504. A. Any hospital or health care facility operating within the state may utilize ~~EMT/Basic, EMT/Intermediate, EMT/Advanced Cardiac or EMT/Paramedic~~ Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician or Paramedic or Critical Care Paramedic personnel for the delivery of emergency medical patient care within the hospital or health care facility. All licensed ambulance services shall use ~~EMT/Basic, EMT/Intermediate, EMT/Advanced Cardiac, or EMT/Paramedic~~ Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician or Paramedic personnel for on-scene patient care and stabilization and the delivery of prehospital and en route emergency medical care.

B. While participating in an Emergency Medical Technician ~~Basic~~, Intermediate, Advanced Emergency Medical Technician or Paramedic training course approved by the Department ~~of Health~~, the ~~EMT~~ student shall be allowed to perform in the hospital, clinic or prehospital setting, while under the direct supervision of a physician, registered nurse, ~~EMT~~ or licensed emergency medical

personnel who are licensed at a level equal to or above the level of training of the student, or other allied health preceptor, any of the skills determined to be appropriate for the training level of the student by the Department.

C. A registered nurse or licensed practical nurse may be used in the back of an ambulance during an interhospital transfer to supplement the skills of ~~an~~ licensed emergency medical ~~technician~~ personnel. A registered nurse or licensed practical nurse functioning in this fashion must be following written orders of a physician or be in direct radio or telephone contact with a physician.

SECTION 3. AMENDATORY 63 O.S. 2011, Section 1-2505, is amended to read as follows:

Section 1-2505. Personnel licensed in the following levels of care may perform as designated under their classification:

1. "Emergency Medical ~~Technician/Basic" or "EMT/Basic"~~ Technician (EMT)" means an individual licensed by the Department of Health following completion of a standard Basic Emergency Medical Technician training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill, administered by the Department or other entity designated by the Department. The licensed Emergency Medical ~~Technician/Basic~~

Technician is allowed to perform such skills as may be designated by the Department;

2. ~~"Emergency Medical Technician/Intermediate" or "EMT/Intermediate"~~ "Intermediate" means an individual licensed as an ~~EMT/Basic~~ EMT, has completed an intermediate training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill administered by the Department or other entity designated by the Department. The ~~Emergency Medical Technician/Intermediate~~ Intermediate is allowed to perform such skills as may be designated by the Department;

3. ~~"Emergency Medical Technician/Paramedic" or "EMT/Paramedic"~~ "Advanced Emergency Medical Technician (AEMT)" means an individual licensed as an Emergency Medical Technician or Intermediate who has completed an AEMT training program approved by the Department, who has met such other standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skills administered by the Department or other entity designated by the Department. The Advanced Emergency Medical Technician is allowed to perform such skills as may be designated by the Department; and

4. "Paramedic" means an individual licensed as an ~~EMT/Basic or EMT/Intermediate~~ EMT, Intermediate or AEMT, who has completed a standard Paramedic training program, who has met such other

standards of competence and character as may be required, and who has passed a standard licensing examination of knowledge and skill administered by the Department or other entity designated by the Department. The ~~Emergency Medical Technician/Paramedic~~ Paramedic is allowed to perform such skills as may be designated by the Department.

SECTION 4. AMENDATORY 63 O.S. 2011, Section 1-2505.1, is amended to read as follows:

Section 1-2505.1 A. In the event of the death of ~~an~~ any licensed emergency medical ~~technician~~ personnel or a ~~registered~~ certified emergency medical responder resulting from the official duties of such licensed emergency medical ~~technician~~ personnel or ~~registered~~ certified emergency medical responder performed while in the line of duty, the State Department of Health shall pay the designated beneficiary of the ~~technician or responder~~ deceased the sum of Five Thousand Dollars ($5,000.00).

B. If the designated beneficiary predeceases the emergency medical ~~technician~~ personnel or ~~registered~~ certified emergency medical responder and there is not an alternate or contingent beneficiary, the death benefit shall be payable to the personal representative of the decedent.

C. All payments made pursuant to the provisions of this section shall be paid from the Emergency Medical Personnel Death Benefit Revolving Fund created pursuant to Section 1-2505.2 of this title.

SECTION 5. AMENDATORY 63 O.S. 2011, Section 1-2505.2, as amended by Section 489, Chapter 304, O.S.L. 2012 (63 O.S. Supp. 2012, Section 1-2505.2), is amended to read as follows:

Section 1-2505.2 There is hereby created in the State Treasury a revolving fund for the State Department of Health to be designated the "Emergency Medical Personnel Death Benefit Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of all monies received by the State Department of Health from the fees imposed pursuant to Section 1-2505.3 of this title. All monies accruing to the credit of said fund are hereby appropriated and may be budgeted and expended by the State Department of Health for the purpose of making death benefit payments to the named beneficiary or personal representative of a deceased licensed emergency medical ~~technician~~ personnel or ~~registered~~ certified emergency medical responder pursuant to Section 1-2505.1 of this title. Expenditures from said fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of the Office of Management and Enterprise Services for approval and payment.

SECTION 6. AMENDATORY 63 O.S. 2011, Section 1-2505.3, is amended to read as follows:

Section 1-2505.3 A. In addition to any other fee that may be authorized by law or pursuant to administrative rule of the State

Department of Health effective July 1, 2010, there shall be imposed a fee of:

1. Ten Dollars ($10.00) for each original application for ~~an~~ licensed emergency medical ~~technician~~ personnel;

2. Two Dollars and fifty cents ($2.50) for each renewal application for ~~an~~ licensed emergency medical ~~technician~~ personnel;

3. Ten Dollars ($10.00) for each original application for a ~~registered~~ certified emergency medical responder; and

4. Five Dollars ($5.00) for each renewal application for a ~~registered~~ certified emergency medical responder.

B. The fees authorized by subsection A of this section shall be apportioned to the Emergency Medical Personnel Death Benefit Revolving Fund created pursuant to Section 1-2505.2 of this title.

SECTION 7. AMENDATORY 63 O.S. 2011, Section 1-2511, is amended to read as follows:

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

1. Administer and coordinate all federal and state programs, not specifically assigned by state law to other state agencies, which include provisions of the Federal Emergency Medical Services Systems Act and other federal laws and programs relating to the development of emergency medical services in this state. The administration and coordination of federal and state laws and

programs relating to the development, planning, prevention, improvement and management of emergency medical services, including but not limited to the staffing of the Oklahoma Emergency Response Systems Development Advisory Council, shall be conducted by the Division of Emergency Medical Services, as prescribed by Section 1-2510 of this title;

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

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

4. Prepare, maintain and utilize a comprehensive plan and program for emergency medical services development throughout the state to be adopted by the State Board of Health and incorporated within the State Health Plan. The plan shall establish goals,

objectives and standards for a statewide integrated system and a timetable for accomplishing and implementing different elements of the system. The plan shall also include, but not be limited to, all components of an emergency medical services system; regional and statewide planning; the establishment of standards and the appropriate criteria for the designation of facilities; data collection and quality assurance; and funding;

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

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

7. Evaluate and certify all emergency medical services training programs and emergency medical technician training courses and

operational services in accordance with specifications and procedures approved by the Board. Nonaccredited paramedic training programs shall begin their final paramedic training class by December 31, 2012. Only paramedic training programs accredited or receiving a Letter of Review (LOR) by CoAEMSP may enroll new paramedic students after January 1, 2013;

8. Provide an emergency medical ~~technicians'~~ personnel and ambulance service licensure program to include a requirement that ambulance services licensed as specialty care ambulance providers shall be used solely for interhospital transport of patients requiring specialized en route medical monitoring and advanced life support which exceeds the capabilities of the equipment and personnel provided by paramedic life support;

9. Create a standing Medical Direction Subcommittee of the Advisory Council to be composed entirely of physicians who are or who have been medical directors or regional medical directors. Members of the Subcommittee shall be appointed by and shall serve at the pleasure of the Commissioner. The Subcommittee shall advise the Commissioner or the Commissioner's designee on the following:

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

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

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

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

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

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

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

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

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

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

a. identify emergency patients and severely injured trauma patients treated in Oklahoma,

b. identify the total amount of uncompensated emergency care provided each fiscal year by each hospital and ambulance service in Oklahoma, and

c. monitor emergency patient care provided by emergency medical service and hospitals.

SECTION 8. REPEALER 63 O.S. 2011, Section 1-2508, is hereby repealed.

SECTION 9. This act shall become effective November 1, 2013.

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