

SENATE FLOOR VERSION

February 27, 2017

SENATE BILL NO. 797

By: Paxton and Standridge

An Act relating to the Oklahoma Emergency Response Systems Development Act; amending 63 O.S. 2011, Section 1-2503, as last amended by Section 1, Chapter 246, O.S.L. 2016 (63 O.S. Supp. 2016, Section 1-2503), which relates to definitions; permitting stretcher aid vans to administer oxygen to patients; 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, as last amended by Section 1, Chapter 246, O.S.L. 2016 (63 O.S. Supp. 2016, 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

1 may be required by the State Board of Health for approval, and shall
2 display evidence of such approval at all times;

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

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

11 4. "Ambulance service" means any private firm or governmental
12 agency which is or should be licensed by the State Department of
13 Health to provide levels of medical care, including but not limited
14 to comprehensive integrated medical care in emergency and
15 nonemergency settings under the supervision of a physician, based on
16 certification standards promulgated by the Board;

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

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

23 7. "Certified emergency medical responder" means an individual
24 certified by the Department to perform emergency medical services in

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

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

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

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

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

17 12. "Community paramedic" means a licensed paramedic who meets
18 the requirements of Section 1-2505 of this title;

19 13. "Community paramedic services" means services that include
20 interventions intended to prevent unnecessary ambulance
21 transportation or hospital emergency department use.

22 a. Community paramedic services must be part of a care
23 plan ordered by a primary health care provider or a
24 hospital provider in consultation with the medical

1 director of an ambulance service. Such care plan must
2 ensure that the services provided by a community
3 paramedic do not duplicate services already provided
4 to the patient, including home health and waiver
5 services.

6 b. Community paramedic services shall include health
7 assessment, chronic disease monitoring and education,
8 medication compliance, immunizations and vaccinations,
9 laboratory specimen collection, hospital discharge
10 follow-up care and minor medical procedures compliant
11 with the community paramedic's scope of practice and
12 approved by the ambulance medical director;

13 14. "Council" means the Trauma and Emergency Response Advisory
14 Council created in Section 1-103a.1 of this title;

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

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

21 17. "Emergency medical services system" means a system which
22 provides for the organization and appropriate designation of
23 personnel, facilities and equipment for the effective and
24

1 coordinated local, regional and statewide delivery of health care
2 services primarily under emergency conditions;

3 18. "Letter of review" means the official designation from
4 CoAEMSP to a paramedic program that is in the "becoming accredited"
5 process;

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

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

- 16 a. basic life support,
- 17 b. intermediate life support,
- 18 c. paramedic life support,
- 19 d. advanced life support,
- 20 e. stretcher aid van, and
- 21 f. specialty care, which shall be used solely for
22 interhospital transport of patients requiring
23 specialized en route medical monitoring and advanced
24 life support which exceed the capabilities of the

1 equipment and personnel provided by paramedic life
2 support.

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

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

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

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

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

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

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

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

1 protocols approved by the regional medical director,
2 and

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

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

13 26. "Registration" means the listing of an ambulance service in
14 a registry maintained by the Department; provided, however,
15 registration shall not be deemed to be a license;

16 27. "Stretcher aid van" means any ground vehicle which is or
17 should be approved by the State Commissioner of Health, which is
18 designed and equipped to transport individuals on a stretcher or
19 gurney type apparatus. Vehicles used as stretcher aid vans shall
20 meet such standards as may be required by the State Board of Health
21 for approval and shall display evidence of such approval at all
22 times. Stretcher aid van services shall only be permitted and
23 approved by the Commissioner in emergency medical service regions,
24 ambulance service districts, or counties with populations in excess

1 of four hundred thousand (400,000) people. Notwithstanding the
2 provisions of this paragraph, stretcher aid van transports may
3 administer oxygen to individuals in their care and may be made to
4 and from any federal or state veterans facility;

5 28. "Stretcher aid van patient" means any person who is or will
6 be transported in a reclining position on a stretcher or gurney, who
7 is medically stable, nonemergent and, excluding oxygen tanks or
8 similar devices, does not require any medical monitoring equipment
9 or assistance during transport; and

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

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

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. This act shall become effective November 1, 2017.

8 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
9 February 27, 2017 - DO PASS