

STATE OF OKLAHOMA

2nd Session of the 58th Legislature (2022)

HOUSE BILL 4297

By: Caldwell (Trey)

AS INTRODUCED

An Act relating to emergency medical services;
amending 63 O.S. 2021, Section 1-2503, which relates
to definitions; modifying definition; and providing
an effective date.

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

SECTION 1. AMENDATORY 63 O.S. 2021, 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

1 or combination of units of government for the express purpose of
2 providing, directly or by contract, emergency medical services in a
3 specified area of the state;

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

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

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

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

19 7. "Certified emergency medical responder" means an individual
20 certified by the Department to perform emergency medical services in
21 accordance with the Oklahoma Emergency Response Systems Development
22 Act and in accordance with the rules and standards promulgated by
23 the Board;

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

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

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

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

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

16 13. "Community paramedic services" means services that include
17 interventions intended to prevent unnecessary ambulance
18 transportation or hospital emergency department use.

19 a. Community paramedic services must be part of a care
20 plan ordered by a primary health care provider or a
21 hospital provider in consultation with the medical
22 director of an ambulance service. Such care plan must
23 ensure that the services provided by a community
24 paramedic do not duplicate services already provided

1 to the patient, including home health and waiver
2 services.

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

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

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

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

18 17. "Emergency medical services system" means a system which
19 provides for the organization and appropriate designation of
20 personnel, facilities and equipment for the effective and
21 coordinated local, regional and statewide delivery of health care
22 services primarily under emergency conditions;

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

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

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

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

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 specialty
4 care; provided, however, that the highest level of care offered by
5 an ambulance service shall be available twenty-four (24) hours each
6 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 Board;

9 Firefighters and certain other first responders shall be allowed
10 to perform services as part of the ambulance services without EMT
11 certification when there is a substantial need for personnel.

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

23 22. "Medical director" means a physician, fully licensed
24 without restriction, who acts as a paid or volunteer medical advisor

1 to a licensed ambulance service and who monitors and directs the
2 care so provided. Such physicians shall meet such qualifications
3 and requirements as may be promulgated by the Board;

4 23. "Region" or "emergency medical service region" means two or
5 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 24. "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. emergency medical responder services provided by
22 emergency medical response 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 emergency
6 medical response agencies, stretcher aid van or
7 ambulance personnel at the scene of an emergency or
8 while en route to a hospital;

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

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

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

1 ambulance service districts, or counties with populations in excess
2 of four hundred thousand (400,000) people. Notwithstanding the
3 provisions of this paragraph, stretcher aid van transports may be
4 made to 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 does not require any medical
8 monitoring equipment or assistance during transport; and

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

- 18 a. nonemergency, routine transport shall be to the
19 facility of the patient's choice,
- 20 b. urgent or emergency transport not involving life-
21 threatening medical illness or injury shall be to the
22 nearest facility, or, subject to transport
23 availability and system area coverage, to the facility
24 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. This act shall become effective November 1, 2022.

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