

STATE OF OKLAHOMA

2nd Session of the 60th Legislature (2026)

SENATE BILL 1654

By: Frix

AS INTRODUCED

An Act relating to mobile integrated healthcare; defining terms; requiring certain reimbursement by health care benefit plan; amending 63 O.S. 2021, Section 1-2503, as amended by Section 1, Chapter 276, O.S.L. 2022 (63 O.S. Supp. 2025, Section 1-2503), which relates to the Oklahoma Emergency Response Systems Development Act; defining terms; amending 63 O.S. 2021, Section 1-2511, which relates to powers and duties; directing establishment of mobile integrated healthcare program; updating statutory language; updating statutory reference; providing for promulgation of rules; defining terms; directing the Oklahoma Health Care Authority to establish certain reimbursement methodology; requiring certain reimbursement by the Authority or contracted entity; providing for codification; and providing an effective date.

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6050.4 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. As used in this section:

1. "Health care benefit plan" has the same meaning as provided in Section 6050.2 of Title 36 of the Oklahoma Statutes; and

1 2. "Mobile integrated health care" (MIH) and "mobile integrated
2 health care (MIH) supplier" have the same meanings as provided in
3 Section 1-2503 of Title 63 of the Oklahoma Statutes.

4 B. Any encounter between a mobile integrated healthcare (MIH)
5 supplier and an enrollee that results in a treatment without
6 transport of the enrollee shall be reimbursed by a health care
7 benefit plan at a rate not less than the minimum allowable
8 reimbursement rate under the methodology established for the state
9 Medicaid program by the Oklahoma Health Care Authority under Section
10 4 of this act.

11 C. When an MIH supplier triages, treats, and transports an
12 enrollee to an alternative destination in accordance with an
13 approved MIH program protocol, reimbursement by a health care
14 benefit plan shall be at a rate not less than the minimum allowable
15 reimbursement rate for basic life support (BLS) services or advanced
16 life support (ALS) services, as appropriate based on the condition
17 of the patient, including mileage from the scene to the alternative
18 destination.

19 SECTION 2. AMENDATORY 63 O.S. 2021, Section 1-2503, as
20 amended by Section 1, Chapter 276, O.S.L. 2022 (63 O.S. Supp. 2025,
21 Section 1-2503), is amended to read as follows:

22 Section 1-2503. As used in the Oklahoma Emergency Response
23 Systems Development Act:
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1 1. "Ambulance" means any ground, air or water vehicle which is
2 or should be approved by the State Commissioner of Health, designed
3 and equipped to transport a patient or patients and to provide
4 appropriate on-scene and en route patient stabilization and care as
5 required. Vehicles used as ambulances shall meet such standards as
6 may be required by the Commissioner for approval, and shall display
7 evidence of such approval at all times;

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

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

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

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

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

2 7. "Certified emergency medical responder" means an individual
3 certified by the Department to perform emergency medical services in
4 accordance with the Oklahoma Emergency Response Systems Development
5 Act and in accordance with the rules and standards promulgated by
6 the Commissioner;

7 8. "Certified emergency medical response agency" means an
8 organization of any type certified by the Department to provide
9 emergency medical care and limited transport in an emergency vehicle
10 as defined in Section 1-103 of Title 47 of the Oklahoma Statutes. A
11 certified emergency medical response agency shall only provide
12 transport upon approval by the appropriate online medical control at
13 the time of transport. Certified emergency medical response
14 agencies may utilize certified emergency medical responders or
15 licensed emergency medical personnel; provided, however, that all
16 personnel so utilized shall function under the direction of and
17 consistent with guidelines for medical control;

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

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

23 11. "Commissioner" means the State Commissioner of Health;
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1 12. "Council" means the Trauma and Emergency Response Advisory
2 Council created in Section 1-103a.1 of this title;

3 13. "Critical care paramedic" or "CCP" means a licensed
4 paramedic who has successfully completed critical care training and
5 testing requirements in accordance with the Oklahoma Emergency
6 Response Systems Development Act and in accordance with the rules
7 and standards promulgated by the Commissioner;

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

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

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

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

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

- 5 a. basic life support,
- 6 b. intermediate life support,
- 7 c. paramedic life support,
- 8 d. advanced life support,
- 9 e. stretcher van, and
- 10 f. specialty care, which shall be used solely for
11 interhospital transport of patients requiring
12 specialized en route medical monitoring and advanced
13 life support which exceed the capabilities of the
14 equipment and personnel provided by paramedic life
15 support.

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

22 Licensure shall be granted or renewed for such periods and under
23 such terms and conditions as may be promulgated by the Commissioner;
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1 19. "Medical control" means local, regional or statewide
2 medical direction and quality assurance of health care delivery in
3 an emergency medical service system. Online medical control is the
4 medical direction given to licensed emergency medical personnel,
5 certified emergency medical responders and stretcher van personnel
6 by a physician via radio or telephone. Off-line medical control is
7 the establishment and monitoring of all medical components of an
8 emergency medical service system, which is to include stretcher van
9 service including, but not limited to, protocols, standing orders,
10 educational programs, and the quality and delivery of online
11 control;

12 20. "Medical director" means a physician, fully licensed
13 without restriction, who acts as a paid or volunteer medical advisor
14 to a licensed ambulance service and who monitors and directs the
15 care so provided. Such physicians shall meet such qualifications
16 and requirements as may be promulgated by the Commissioner;

17 21. "Mobile integrated healthcare" (MIH) means a patient-
18 centered model of care that:

- 19 a. utilizes licensed emergency medical services personnel
20 including, but not limited to, community paramedics,
21 paramedics, emergency medical technicians, and other
22 qualified health professionals,

- 1 b. provides in-home or on-scene assessment, treatment,
2 and referral services to individuals in nonemergency
3 or subacute situations,
- 4 c. includes, but is not limited to, treat-in-place,
5 telehealth, and transport to alternative destination
6 programs,
- 7 d. coordinates with hospitals, clinics, mental health
8 facilities, long-term care providers, and primary care
9 practitioners to ensure continuity and integration of
10 care, and
- 11 e. operates under approved medical direction and
12 protocols consistent with standards adopted by the
13 State Commissioner of Health;

14 22. "Mobile integrated healthcare (MIH) supplier" means an
15 ambulance service, fire service, or other agency credentialed by the
16 State Department of Health to provide MIH services under paragraph
17 13 of Section 1-2511 of this title;

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

23 ~~22.~~ 24. "Regional emergency medical services system" means a
24 network of organizations, individuals, facilities and equipment

1 which serves a region, subject to a unified set of regional rules
2 and standards which may exceed, but may not be in contravention of,
3 those required by the state, which is under the medical direction of
4 a single regional medical director, and which participates directly
5 in the delivery of the following services:

- 6 a. medical call-taking and emergency medical services
7 dispatching, emergency and routine including priority
8 dispatching of first response agencies, stretcher van
9 and ambulances,
- 10 b. emergency medical responder services provided by
11 emergency medical response agencies,
- 12 c. ambulance services, ~~both~~ whether emergency, routine
13 ~~and~~ or stretcher van including, but not limited to,
14 the transport of patients in accordance with transport
15 protocols approved by the regional medical director,
16 and
- 17 d. directions given by physicians directly via radio or
18 telephone, or by written protocol, to emergency
19 medical response agencies, stretcher van or ambulance
20 personnel at the scene of an emergency or while en
21 route to a hospital;

22 ~~23.~~ 25. "Regional medical director" means a licensed physician,
23 who meets or exceeds the qualifications of a medical director as
24 defined by the Oklahoma Emergency Response Systems Development Act,

1 chosen by an emergency medical service region to provide external
2 medical oversight, quality control and related services to that
3 region;

4 ~~24.~~ 26. "Registration" means the listing of an ambulance
5 service in a registry maintained by the Department; provided,
6 however, registration shall not be deemed to be a license;

7 ~~25.~~ 27. "Stretcher van" means any ground vehicle which is or
8 should be approved by the State Commissioner of Health, which is
9 designed and equipped to transport individuals on a stretcher or
10 gurney type apparatus. Vehicles used as stretcher vans shall meet
11 such standards as may be required by the Commissioner for approval
12 and shall display evidence of licensure at all times. The
13 Commissioner shall not establish Federal Specification KKK-A-1822
14 ambulance standards for stretcher vans; provided, a stretcher van
15 shall meet Ambulance Manufacturers Division (AMD) Standards 004, 012
16 and 013, and shall pass corresponding safety tests. Stretcher van
17 services shall only be permitted and approved by the Commissioner in
18 emergency medical service regions, ambulance service districts, or
19 counties with populations in excess of five hundred thousand
20 (500,000) people. Notwithstanding the provisions of this paragraph,
21 stretcher van transports may be made to and from any federal or
22 state veterans facility. Stretcher vans may carry and provide
23 oxygen and may carry and utilize any equipment necessary for the
24 provision of oxygen;

1 ~~26.~~ 28. "Stretcher van passenger" means any person who is or
2 will be transported in a reclining position on a stretcher or
3 gurney, who is medically stable, nonemergent and does not require
4 any medical monitoring equipment or assistance during transport
5 except oxygen. Passengers must be authorized as qualified to be
6 transported by stretcher van. Passengers shall be authorized
7 through screening provided by a certified medical dispatching
8 protocol approved by the Department. All patients being transported
9 to or from any medically licensed facility shall be screened before
10 transport. Any patient transported without screening shall be a
11 violation of Commissioner rule by the transporting company and
12 subject to administrative procedures of the Department; and

13 ~~27.~~ 29. "Transport protocol" means the written instructions
14 governing decision-making at the scene of a medical emergency by
15 ambulance personnel regarding the selection of the hospital to which
16 the patient shall be transported. Transport protocols shall be
17 developed by the regional medical director for a regional emergency
18 medical services system or by the Department if no regional
19 emergency medical services system has been established. Such
20 transport protocols shall adhere to, at a minimum, the following
21 guidelines:

- 22 a. nonemergency, routine transport shall be to the
23 facility of the patient's choice,
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- 1 b. urgent or emergency transport not involving life-
2 threatening medical illness or injury shall be to the
3 nearest facility, or, subject to transport
4 availability and system area coverage, to the facility
5 of the patient's choice,
6 c. life-threatening medical illness or injury shall
7 require transport to the nearest health care facility
8 appropriate to the needs of the patient as established
9 by regional or state guidelines, and
10 d. emergency ambulance transportation is not required
11 when a patient's apparent clinical condition, as
12 defined by applicable medical treatment protocols,
13 does not warrant emergency ambulance transport, and
14 nontransport of patients is authorized pursuant to
15 applicable medical treatment protocols established by
16 the regional medical director.

17 SECTION 3. AMENDATORY 63 O.S. 2021, Section 1-2511, is
18 amended to read as follows:

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

- 22 1. Administer and coordinate all federal and state programs,
23 not specifically assigned by state law to other state agencies,
24 which include provisions of the ~~Federal~~ federal Emergency Medical

1 Services Systems Act of 1973 and other federal laws and programs
2 relating to the development of emergency medical services in this
3 state. The administration and coordination of federal and state
4 laws and programs relating to the development, planning, prevention,
5 improvement and management of emergency medical services shall be
6 conducted by the Division of Emergency Medical Services, as
7 prescribed by Section 1-2510 of this title;

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

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

22 4. Prepare, maintain and utilize a comprehensive plan and
23 program for emergency medical services development throughout the
24 state to be adopted by the State ~~Board~~ Commissioner of Health,

1 giving consideration to the recommendations of the Trauma and
2 Emergency Response Advisory Council created in ~~Section 44 of this~~
3 ~~act~~ Section 1-103a.1 of this title, and incorporated within the
4 State Health Plan. The plan shall establish goals, objectives and
5 standards for a statewide integrated system and a timetable for
6 accomplishing and implementing different elements of the system.
7 The plan shall also include, but not be limited to, all components
8 of an emergency medical services system; regional and statewide
9 planning; the establishment of standards and the appropriate
10 criteria for the designation of facilities; data collection and
11 quality assurance; and funding;

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

18 6. Develop a standard report form which may be used by local,
19 regional and statewide emergency medical services and emergency
20 medical services systems to facilitate the collection of data
21 related to the provision of emergency medical and trauma care. The
22 Commissioner shall also develop a standardized emergency medical
23 services data set and an electronic submission standard. Each
24 ambulance service shall submit the information required in this

1 section at such intervals as may be prescribed by rules promulgated
2 by the ~~State Board of Health~~ Commissioner;

3 7. Evaluate and certify all emergency medical services training
4 programs and emergency medical technician training courses and
5 operational services in accordance with specifications and
6 procedures approved by the ~~Board~~ Commissioner. Nonaccredited
7 paramedic training programs shall begin their final paramedic
8 training class by December 31, 2012. Only paramedic training
9 programs accredited or receiving a Letter of Review (LOR) by ~~CoAEMSP~~
10 the Committee on Accreditation of Educational Programs for the
11 Emergency Medical Services Professions (CoAEMSP) may enroll new
12 paramedic students after January 1, 2013;

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

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

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

4 11. Develop a classification system for all hospitals that
5 treat emergency patients. The classification system shall:

- 6 a. identify stabilizing and definitive emergency services
7 provided by each hospital, and
8 b. require each hospital to notify the regional emergency
9 medical services system control when treatment
10 services are at maximum capacity and that emergency
11 patients should be diverted to another hospital; ~~and~~

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

- 14 a. identify emergency patients and severely injured
15 trauma patients treated in ~~Oklahoma~~ this state,
16 b. identify the total amount of uncompensated emergency
17 care provided each fiscal year by each hospital and
18 ambulance service in ~~Oklahoma~~ this state, and
19 c. monitor emergency patient care provided by emergency
20 medical service and hospitals; and

21 13. Establish and administer a mobile integrated healthcare
22 (MIH) program, formerly known as the community paramedic program,
23 for the purpose of improving access to appropriate medical care,
24 reducing unnecessary emergency department utilization, and enhancing

1 coordination between emergency medical services, hospitals, and
2 community health providers. The Commissioner shall promulgate rules
3 as necessary to:

- 4 a. establish clinical, operational, and reporting
5 standards for MIH suppliers,
- 6 b. define eligibility and credentialing requirements for
7 participating agencies and personnel,
- 8 c. ensure compliance with emergency medical services
9 licensing and medical oversight requirements,
- 10 d. establish procedures for program evaluation, quality
11 assurance, and outcome reporting, and
- 12 e. facilitate participation of MIH suppliers in public
13 and private reimbursement systems, including the state
14 Medicaid program and commercial insurance plans, in
15 collaboration with the Oklahoma Health Care Authority,
16 the Insurance Department, and the Department of Mental
17 Health and Substance Abuse Services.

18 SECTION 4. NEW LAW A new section of law to be codified
19 in the Oklahoma Statutes as Section 5025.1 of Title 63, unless there
20 is created a duplication in numbering, reads as follows:

21 A. As used in this section, "mobile integrated healthcare"
22 (MIH) and "mobile integrated healthcare (MIH) supplier" have the
23 same meanings as provided in Section 1-2503 of Title 63 of the
24 Oklahoma Statutes.

1 B. The Oklahoma Health Care Authority shall establish a
2 reimbursement methodology for encounters between a mobile integrated
3 healthcare (MIH) supplier and a Medicaid member that result in a
4 treatment without transport of the member.

5 C. Any encounter between an MIH supplier and a Medicaid member
6 that results in a treatment without transport of the member shall be
7 reimbursed by the Authority or a contracted entity at a rate not
8 less than the minimum allowable reimbursement rate under the
9 methodology established under subsection B of this section.

10 D. Unless the rate described in subsection H of Section 4002.12
11 of Title 56 of the Oklahoma Statutes applies, when an MIH supplier
12 triages, treats, and transports a Medicaid member to an alternative
13 destination in accordance with an approved MIH program protocol,
14 reimbursement by the Authority or a contracted entity shall be at a
15 rate not less than the minimum allowable reimbursement rate for
16 basic life support (BLS) services or advanced life support (ALS)
17 services, as appropriate based on the condition of the patient,
18 including mileage from the scene to the alternative destination.

19 SECTION 5. This act shall become effective January 1, 2027.
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