1	STATE OF OKLAHOMA
2	2nd Session of the 57th Legislature (2020)
3	HOUSE BILL 3311 By: Newton
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6	AS INTRODUCED
7	An Act relating to public health; amending 63 O.S.
8	2011, Section 1-2503, as last amended by Section 1, Chapter 93, O.S.L. 2019 (63 O.S. Supp. 2019, Section
9	1-2503), which relates to the Oklahoma Emergency Response Systems Development Act; adding definitions;
10	and providing an effective date.
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13	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
14	SECTION 1. AMENDATORY 63 O.S. 2011, Section 1-2503, as
15	last amended by Section 1, Chapter 93, O.S.L. 2019 (63 O.S. Supp.
16	2019, Section 1-2503), is amended to read as follows:
17	Section 1-2503. As used in the Oklahoma Emergency Response
18	Systems Development Act:
19	1. "Ambulance" means any ground, air or water vehicle which is
20	or should be approved by the State Commissioner of Health, designed
21	and equipped to transport a patient or patients and to provide
22	appropriate on-scene and en route patient stabilization and care as
23	required. Vehicles used as ambulances shall meet such standards as
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may be required by the Commissioner 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 Commissioner;
- 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. "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

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

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- 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;
- 10. "CoAEMSP" means the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions;
 - 11. "Commissioner" means the State Commissioner of Health;
- 12. "Community paramedic" means a licensed paramedic who meets the requirements of Section 1-2505 of this title;
- 13. "Community paramedic services" means services that include interventions intended to prevent unnecessary ambulance transportation or hospital emergency department use.
 - a. Community paramedic services must be part of a care

 plan ordered by a primary health care provider or a

 hospital provider in consultation with the medical

 director of an ambulance service. Such care plan must

ensure that the services provided by a community

paramedic do not duplicate services already provided

to the patient, including home health and waiver

services.

- b. Community paramedic services shall include health assessment, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care and minor medical procedures compliant with the community paramedic's scope of practice and approved by the ambulance medical director;
- 14. "Council" means the Trauma and Emergency Response Advisory Council created in Section 1-103a.1 of this title;
- 13. 15. "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 Commissioner;
 - 14. 16. "Department" means the State Department of Health;
- 15. 17. "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;

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

17. 19. "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 Commissioner;

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

a. Basic life support,

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- b. Intermediate life support,
- c. Paramedic life support,
- d. Advanced life support,
- e. Stretcher van, and
- 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 Commissioner. Licensure at any level of care includes a license to operate at any lower level, with the exception of licensure for 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 Commissioner;

19. 21. "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 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 van service including, but not limited to, protocols, standing orders, educational programs, and the quality and delivery of on-line control;

20. 22. "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 Commissioner;

21. 23. "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 van service through common ordinances, authorities, boards or other means;

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

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22. 24. "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 van and ambulances,
- emergency medical responder services provided by
 emergency medical response agencies,
- c. ambulance services, both emergency, routine and stretcher 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 emergency medical response agencies, stretcher van or ambulance personnel at the scene of an emergency or while en route to a hospital;

- 23. 25. "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;
- 24. 26. "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;
- 25. 27. "Stretcher 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 vans shall meet such standards as may be required by the Commissioner for approval and shall display evidence of licensure at all times. The Commissioner shall not establish Federal Specification KKK-A-1822 ambulance standards for stretcher vans; provided, a stretcher van shall meet Ambulance Manufacturers Division (AMD) Standards 004, 012 and 013, and shall pass corresponding safety tests. Stretcher 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 five hundred thousand (500,000) people. Notwithstanding the provisions of this paragraph, stretcher van transports may be made to and from any federal or state veterans facility. Stretcher vans may carry and provide oxygen and may carry and utilize any equipment necessary for the provision of oxygen;

26. 28. "Stretcher van passenger" 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 except oxygen. Passengers must be authorized as qualified to be transported by stretcher van. Passengers shall be authorized through screening provided by a certified medical dispatching protocol approved by the Department. All patients being transported to or from any medically licensed facility shall be screened before transport. Any patient transported without screening shall be a violation of Commissioner rule by the transporting company and subject to administrative procedures of the Department; and

27. 29. "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

1 developed by the regional medical director for a regional emergency 2 medical services system or by the Department if no regional 3 emergency medical services system has been established. Such 4 transport protocols shall adhere to, at a minimum, the following 5 quidelines: 6 nonemergency, routine transport shall be to the a. 7 facility of the patient's choice, b. urgent or emergency transport not involving life-8 9 threatening medical illness or injury shall be to the 10 nearest facility, or, subject to transport 11 availability and system area coverage, to the facility of the patient's choice, and 12 1.3 life-threatening medical illness or injury shall C. 14 require transport to the nearest health care facility 15 appropriate to the needs of the patient as established 16 by regional or state guidelines. 17 SECTION 2. This act shall become effective November 1, 2020. 18

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