



Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2501 - Short Title

Cite as: O.S. §, __ __

Sections 1-2502 through 1-2521 of this title shall be known and may be cited as the "Oklahoma Emergency Response Systems Development Act".

Historical Data

Laws 1990, HB 1645, c. 320, § 5, emerg. eff. May 30, 1990; Amended by Laws 1999, HB 1158, c. 156, § 1, eff. November 1, 1999 ([superseded document available](#)).

Citationizer[®] Summary of Documents Citing This Document

Cite Name	Level
Oklahoma Attorney General's Opinions	
Cite	Name Level
<u>2002 OK AG 4,</u>	<u>Question Submitted by: The Honorable Dale W. Wells, State Representative, District 33</u> Cited
<u>1995 OK AG 105,</u>	<u>Question Submitted by: The Honorable Ed Long, State Senator, District 19</u> Cited
Oklahoma Court of Civil Appeals Cases	
Cite	Name Level
<u>1994 OK CIV APP 119, 884 P.2d 1209, 65</u>	<u>Carlson v. City of Broken Arrow</u> Cited
<u>OBJ 3926,</u>	
<u>1996 OK CIV APP 84, 920 P.2d 1083, 67</u>	<u>Big Elk Ambulance EMS, Inc. v. State ex rel. Dept. of Health</u> Cited
<u>OBJ 2636,</u>	

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Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2502 - Findings and Declarations of Legislature

Cite as: O.S. §, __ __

The Legislature hereby finds and declares that:

1. There is a critical shortage of providers of emergency care for:

a. the delivery of fast, efficient emergency medical care for the sick and injured at the scene of a medical emergency and during transport to a health care facility, and

b. the delivery of stabilizing and definitive care at a health care facility;

2 Improved emergency service is required to reduce the mortality rate during the first critical minutes immediately following the onset of a medical emergency.

Historical Data

Laws 1990, HB 1645, c. 320, § 6, emerg. eff. May 30, 1990; Amended by Laws 1999, HB 1158, c. 156, § 2, eff. November 1, 1999 ([superseded document available](#)).

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<u>1996 OK CIV APP 84, 920 P.2d 1083, 67</u>	<u>Big Elk Ambulance EMS, Inc. v. State ex rel. Dept. of Health</u> Cited
<u>OBJ 2636,</u>	

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Section 1-2503 - Definitions

Cite as: 63 O.S. § 1-2503 (OSCN 2024)

Multiple Amendments Enacted During the 2016 Legislative Session, and Subsequent Amendments Enacted During the 2017, 2019, and 2022 Legislative Sessions

Version 1 (as amended by Laws 2016, HB 2742, c. 246, § 1, eff. November 1, 2016)

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, including but not limited to comprehensive integrated medical care in emergency and nonemergency settings under the supervision of a physician, 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. "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 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;
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;

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 Board;

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

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;

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

19. "Licensed emergency medical personnel" means an emergency medical technician (EMT), an intermediate emergency medical technician (IEMT), 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;

20. "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

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 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 Board;

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 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;

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 Board;

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 aid van service through common ordinances, authorities, boards or other means;

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 aid van and ambulances,

b. emergency medical responder services provided by 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 emergency medical response agencies, stretcher aid van or ambulance personnel at the scene of an emergency or while en route to a hospital;

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;

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;

27. "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 four hundred thousand (400,000) people. Notwithstanding the provisions of this paragraph, stretcher aid van transports may be made to and from any federal or state veterans facility;

28. "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

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 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.

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 State 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 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;
8. "Certified emergency medical response agency" means an organization of any type certified by the Department to provide emergency medical care and limited transport in an emergency vehicle as defined in Section 1-103 of Title 47 of the Oklahoma Statutes. A certified emergency medical response agency shall only provide transport upon approval by the appropriate online medical control at the time of 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. "Council" means the Trauma and Emergency Response Advisory Council created in Section 1-103a.1 of this title;
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 Commissioner;
14. "Department" means the State Department of Health;
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;
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 Commissioner;

18. "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,
- 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. "Medical control" means local, regional or statewide medical direction and quality assurance of health care delivery in an emergency medical service system. Online 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 online control;

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 Commissioner;

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 van service through common ordinances, authorities, boards or other means;

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 van and ambulances,
- b. 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. "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. "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. "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. "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. "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,
 - 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, and
 - d. emergency ambulance transportation is not required when a patient's apparent clinical condition, as defined by applicable medical treatment protocols, does not warrant emergency ambulance transport, and nontransport of patients is authorized pursuant to applicable medical treatment protocols established by the regional medical director.

Historical Data

Laws 1990, HB 1645, c. 320, § 7, emerg. eff. May 30, 1990; Amended by Laws 1999, HB 1158, c. 156, § 3, eff. November 1, 1999 ([superseded document available](#)); Amended by Laws 2001, SB 741, c. 411, § 5, eff. November 1, 2001 ([superseded document available](#)); Amended by Laws 2005, SB 1012, c. 433, § 1, emerg. eff. July 1, 2005 ([superseded document available](#)); Amended by Laws 2006, SB 1333, c. 155, § 1, emerg. eff. May 15, 2006 (repealed by Laws 2007, HB 2195, c. 1, § 50, emerg. eff. February 22, 2007) ([superseded document available](#)); Amended by Laws 2006, SB 1624, c. 171, § 1, emerg. eff. May 17, 2006 ([superseded document available](#)); Amended by Laws 2007, HB 2195, c. 1, § 49, emerg. eff. February 22, 2007 ([superseded document available](#)); Amended by Laws 2013, HB 1083, c. 23, § 1, eff. November 1, 2013; Amended by Laws 2013, HB 1467, c. 229, § 65, eff. November 1, 2013 ([superseded document available](#)); Amended by Laws 2016, HB 1036, c. 236, § 1, eff. November 1, 2016 (amended by Laws 2017, HB 1843, c. 30, § 1, emerg. eff. July 1, 2017) ([superseded document available](#)); Amended by Laws 2016, HB 2742, c. 246, § 1, eff. November 1, 2016 ([superseded document available](#)); Amendment Laws 2017, HB 1843, c. 30, § 1, emerg. eff. July 1, 2017, Amended by Laws 2019, SB 1018, c. 93, § 1, emerg. eff. April 18, 2019 ([superseded document available](#)); Amended by Laws 2022, SB 1515, c. 276, § 1, eff. November 1, 2022 ([superseded document available](#)).

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Cite	Name	Level
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<u>OBJ 3926,</u>		
<u>1996 OK CIV APP 84, 920 P.2d 1083, 67</u>	<u>Big Elk Ambulance EMS, Inc. v. State ex rel. Dept. of Health</u>	Cited
<u>OBJ 2636,</u>		

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<u>63 O.S. 1-2503,</u>	<u>Terms Defined</u>	Cited
<u>63 O.S. 1-2503,</u>	<u>Definitions</u>	Cited

Title 63. Public Health and Safety **Oklahoma Statutes Citationized** **Title 63. Public Health and Safety** **Chapter 1 - Oklahoma Public Health Code** **Article Article 25 - Oklahoma Emergency Response Systems Development Act** **Section 1-2504 - Use of Emergency Medical Technician, Intermediate, Advanced Emergency Medical Technician or Paramedic or Critical Care Paramedic in Hospital or Health Care Facilities**

Cite as: 63 O.S. § 1-2504 (OSCN 2024)

A. Any hospital or health care facility operating within the state may utilize emergency medical technician, intermediate emergency medical technician, advanced emergency medical technician or paramedic, community paramedic or critical care paramedic personnel for the delivery of emergency medical patient care within the hospital or health care facility. Except as authorized in Section 2 of this act, all licensed ambulance services shall use emergency medical technician, intermediate emergency medical technician, 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. Any hospital or health care facility operating within the state may utilize community paramedic personnel for the delivery of community paramedic services for patients who come to the hospital or health care facility who reside in this state.

C. While participating in an emergency medical technician, intermediate emergency medical technician, advanced emergency medical technician, community paramedic or paramedic training course approved by the State Department of Health, the student shall be allowed to perform in the hospital, clinic or prehospital setting, while under the direct supervision of a physician, registered nurse, 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.

D. The student shall be allowed to perform any of the skills determined to be appropriate by the Department for the training level of the student while performing community paramedic services under the direct supervision of a physician, registered nurse or 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.

E. 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 licensed emergency medical 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.

Historical Data

Laws 1990, HB 1645, c. 320, § 8, emerg. eff. May 30, 1990; Amended by Laws 2013, HB 1083, c. 23, § 2, eff. November 1, 2013 ([superseded document available](#)); Amended by Laws 2016, HB 2742, c. 246, § 2, eff. November 1, 2016 ([superseded document available](#)); Amended by Laws 2022, HB 3132, c. 54, § 1, eff. November 1, 2022 ([superseded document available](#)).

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Section 1-2504.1 - Required Duty to Act - Mutual Aid - Exemption

Cite as: 63 O.S. § 1-2504.1 (OSCN 2024)

A. There is a required duty to act within the licensed area upon the acceptance of an ambulance service license. All licensed ambulance services shall respond appropriately, consistent with the level of licensure, when called for emergency service regardless of the patient's ability to pay.

B. If the ambulance service cannot physically respond within the limits of the Ambulance Service Districts Act, then the ambulance service called shall immediately call for mutual aid from a neighboring licensed ambulance service. Nonemergency, interfacility transfers are exempt from the requirements of this subsection.

Historical Data

Laws 2010, HB 1881, c. 295, § 21, emerg. eff. June 6, 2010.

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 Section 1-2504.2 - Quality Assurance Reviews - Continuous Quality Improvement Activity

Cite as: 63 O.S. § 1-2504.2 (OSCN 2024)

A. Licensed Emergency Medical Services shall conduct Quality Assurance reviews of operations and medical care provided. This activity shall be in accordance with standards developed by Emergency Medical Services Administration and Medical Control.

B. The proceedings and records of these Quality Assurance reviews and continuous quality improvement activities conducted by Emergency Medical Services shall be confidential and not subject to disclosure by subpoena or otherwise.

C. Quality Assurance and Continuous Quality Improvement activity, records and proceedings of any licensed Emergency Medical Service shall be confidential and not subject to the Oklahoma Open Meeting Act nor the Oklahoma Open Records Act.

Historical Data

Laws 2016, HB 1036, c. 236, § 2, eff. November 1, 2016.

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Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2505 - Levels of Care - Licensed Personnel

Cite as: O.S. §, __ __

Personnel licensed in the following levels of care may perform as designated under their classification:

1. "Emergency medical technician (EMT)" means an individual licensed by the State 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 is allowed to perform such skills as may be designated by the Department;
2. "Intermediate emergency medical technician (IEMT)" means an individual licensed as an EMT, who 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 intermediate emergency medical technician is allowed to perform such skills as may be designated by the Department;
3. "Advanced emergency medical technician (AEMT)" means an individual licensed as an emergency medical technician or intermediate emergency medical technician 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;
4. "Community paramedic" means an individual who meets the provisions of paragraph 5 of this section and:
 - a. possesses two (2) years of full-time service as a paramedic or its part-time equivalent, and
 - b. completes a training program from an entity approved by the Department; and
5. "Paramedic", including community paramedic, means an individual licensed as an EMT, IEMT 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 paramedic is allowed to perform such skills as may be designated by the Department.

Historical Data

Laws 1990, HB 1645, c. 320, § 9, emerg. eff. May 30, 1990; Amended by Laws 2013, HB 1083, c. 23, § 3, eff. November 1, 2013 ([superseded document available](#)); Amended by Laws 2016, HB 2742, c. 246, § 3, eff. November 1, 2016 ([superseded document available](#)).

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<u>1994 OK CIV APP 119, 884 P.2d 1209, 65 Carlson v. City of Broken Arrow</u>		Cited
<u>OBJ 3926,</u>		
Title 47. Motor Vehicles		
Cite	Name	Level
<u>47 O.S. 752,</u>	<u>Procedure for Blood Tests - Authorization - Liability for Withdrawal - Reports</u>	Cited

Citationizer: Table of Authority

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None Found.



Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2505.1 - Benefits Paid to Designated Beneficiary Upon Death of Licensed Emergency Medical Personnel or Certified Emergency Medical Responder

Cite as: 63 O.S. § 1-2505.1 (OSCN 2024)

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

B. If the designated beneficiary predeceases the emergency medical personnel or 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](#).

Historical Data

Laws 2008, HB 2693, c. 43, § 1, emerg. eff. July 1, 2008; Amended by Laws 2010, HB 2551, c. 94, § 1, emerg. eff. July 1, 2010 ([superseded document available](#)); Amended by Laws 2013, HB 1083, c. 23, § 4, eff. November 1, 2013 ([superseded document available](#)).

Citationizer[®] Summary of Documents Citing This Document

Cite Name	Level
Title 68. Revenue and Taxation	
Cite	NameLevel
68 O.S. 2358.	Taxable Income and Adjusted Gross Income - Adjustments to Arrive at Oklahoma Discussed
	Taxable Income

Citationizer: Table of Authority

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None Found.		



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Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2505.2 - Emergency Medical Personnel Death Benefit Revolving Fund

Cite as: 63 O.S. § 1-2505.2 (OSCN 2024)

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 personnel or 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.

Historical Data

Laws 2008, HB 2693, c. 43, § 2, emerg. eff. July 1, 2008; Amended by Laws 2010, HB 2551, c. 94, § 2, emerg. eff. July 1, 2010 ([superseded document available](#)); Amended by Laws 2012, HB 3079, c. 304, § 489 ([superseded document available](#)); Amended by Laws 2013, HB 1083, c. 23, § 5, eff. November 1, 2013 ([superseded document available](#)).

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Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2505.3 - Licensed Emergency Medical Personnel and Responder - Additional Application Fee

Cite as: 63 O.S. § 1-2505.3 (OSCN 2024)

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 licensed emergency medical personnel;
2. Two Dollars and fifty cents (\$2.50) for each renewal application for licensed emergency medical personnel;
3. Ten Dollars (\$10.00) for each original application for a certified emergency medical responder; and
4. Five Dollars (\$5.00) for each renewal application for a 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.

Historical Data

Laws 2008, HB 2693, c. 43, § 3, emerg. eff. July 1, 2008; Amended by Laws 2010, HB 2551, c. 94, § 3, emerg. eff. July 1, 2010 ([superseded document available](#)); Amended by Laws 2013, HB 1083, c. 23, § 6, eff. November 1, 2013 ([superseded document available](#)).

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None Found.



Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2506 - Performance of Medical Procedures

Cite as: O.S. §, __ __

Licensed and certified emergency medical personnel, while a duty to act is in effect, shall perform medical procedures to assist patients to the best of their abilities under the direction of a medical director or in accordance with written protocols, which may include standing orders, authorized and developed by the medical director and approved by the State Department of Health when not in conflict with standards approved by the State Board of Health, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council created in Section 44 of this act. Licensure, certification and authorization for emergency medical personnel to perform medical procedures must be consistent with provisions of this act, and rules adopted by the Board. Medical control and medical directors shall meet such requirements as prescribed through rules adopted by the Board.

Historical Data

Laws 1990, HB 1645, c. 320, § 10, emerg. eff. May 30, 1990; Amended by Laws 2005, SB 539, c. 204, § 1, emerg. eff. July 1, 2005 ([superseded document available](#)); Amended by Laws 2013, HB 1467, c. 229, § 66, eff. November 1, 2013 ([superseded document available](#)).

Citationizer[®] Summary of Documents Citing This Document

Cite Name	Level
Oklahoma Court of Civil Appeals Cases	
Cite	Name
<u>1996 OK CIV APP 84, 920 P.2d 1083, 67 O.B.J. 2636.</u>	<u>Big Elk Ambulance EMS, Inc. v. State ex rel. Dept. of Health</u>
	Discussed

Citationizer: Table of Authority

Cite Name	Level
Title 63. Public Health and Safety	
Cite	Name
<u>63 O.S. 1-2506.</u>	<u>Performance of Medical Procedures Under Direction of Medical Director - Licensure, Certification, and Authorization Required to Be Consistent with Act</u>
	Cited



Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2506.1 - Authority of First Responders to Administer Emergency Opiate Antagonists

Cite as: 63 O.S. § 1-2506.1 (OSCN 2024)

A. As used in this section:

1. "Certified alcohol and drug counselor" means any person who is not exempt pursuant to the provisions of Section 1872 of Title 59 of the Oklahoma Statutes and is not licensed under the Licensed Alcohol and Drug Counselors Act, but who provides alcohol and drug counseling services within the scope of practice while employed by an entity certified by the Department of Mental Health and Substance Abuse Services, or who is exempt from such certification, or who is under the supervision of a person recognized by the Oklahoma Board of Licensed Alcohol and Drug Counselors as a supervisor. A certified alcohol and drug counselor may provide counseling services for co-occurring disorders if he or she has been certified by the Board to provide counseling as provided in this section for co-occurring disorders;
 2. "Emergency opioid antagonist" means a drug including, but not limited to, naloxone that blocks the effects of opioids and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose;
 3. "Licensed alcohol and drug counselor" means any person who provides alcohol and drug counseling services within the scope of practice, including co-occurring disorders, for compensation to any person and is licensed pursuant to the provisions of the Licensed Alcohol and Drug Counselors Act. The term licensed alcohol and drug counselor shall not include those professions exempted by Section 1872 of Title 59 of the Oklahoma Statutes; and
 4. "Medical personnel at schools" means a certified school nurse or any other nurse employed by or under contract with a school, any licensed practitioner of the healing arts, or any person designated by the school administration to administer an emergency opioid antagonist in the event of a suspected overdose pursuant to Section 1210.242 of Title 70 of the Oklahoma Statutes.
- B. First responders shall have the authority to administer, without prescription, emergency opioid antagonists when encountering an individual exhibiting signs of an opioid overdose.
- C. First responders may provide, without prescription, emergency opioid antagonists to individuals who have experienced or witnessed an opioid overdose for use by those individuals at a later date.
- D. For the purposes of this section, a first responder shall include:
1. Law enforcement officials;
 2. Emergency medical technicians;
 3. Firefighters;
 4. Medical personnel at schools including any public or charter schools, technology center schools and institutions of higher education;
 5. Forensic laboratory personnel of the Oklahoma State Bureau of Investigation as designated by the Director;
 6. Personnel of the Department of Corrections or of any entity that contracts with the Department of Corrections to provide housing or services for inmates of the Department of Corrections; and
 7. Certified alcohol and drug counselors and licensed alcohol and drug counselors.

E. Any first responder who administers or provides an emergency opioid antagonist in good faith and in a manner consistent with addressing opioid overdose shall not be liable for any civil damages as a result of any acts or omissions by such first responder except for committing gross negligence or willful wanton wrongs in administering or providing such emergency opioid antagonist.

Historical Data

Laws 2013, HB 1782, c. 322, § 1, eff. November 1, 2013; Amended by Laws 2017, SB 77, § 1, eff. November 1, 2017 ([superseded document available](#)); Amended by Laws 2019, HB 2519, c. 157, § 1, eff. November 1, 2019; Amended by Laws 2019, SB 85, c. 504, § 1, emerg. eff. July 1, 2019 ([superseded document available](#)); Amended by Laws 2024, SB 1740, c. 45, § 1, emerg. eff. April 19, 2024 ([superseded document available](#)).

Citationizer® Summary of Documents Citing This Document

Cite Name	Level
Title 59. Professions and Occupations	
Cite	NameLevel
59 O.S. 478.1,	Telemedicine - Establishment of Physician-Patient Relationship - Prescribing Opiates Cited
	or Controlled Dangerous Substances
Title 69. Roads, Bridges, and Ferries	
Cite	NameLevel
69 O.S. 1600,	Cost of SignageCited

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Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2506.2 - Prescribing Emergency Opiate Antagonists for Family Members - Liability

Cite as: 63 O.S. § 1-2506.2 (OSCN 2024)

A. As used in this section, “emergency opioid antagonist” means a drug including, but not limited to, naloxone that blocks the effects of opioids and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

B. Upon request, a provider may prescribe an emergency opioid antagonist to an individual for use by that individual when encountering a family member exhibiting signs of an opioid overdose.

C. When an emergency opioid antagonist is prescribed in accordance with subsection B of this section, the provider shall provide:

1. Information on how to spot symptoms of an overdose;
2. Instruction in basic resuscitation techniques;
3. Instruction on proper emergency opioid antagonist administration; and
4. The importance of calling 9-1-1 for help.

D. Any family member who administers an emergency opioid antagonist in good faith and in a manner consistent with addressing opioid overdose shall not be liable for any civil damages as a result of any acts or omissions by such family member in administering such emergency opioid antagonist.

E. Any provider who prescribes or administers an opioid antagonist in good faith and in a manner consistent with addressing opioid overdose shall not be liable for any civil damages as a result of any acts or omissions by such provider except for committing gross negligence or willful wanton wrongs in prescribing or administering such emergency opioid antagonist.

Historical Data

Laws 2013, HB 1782, c. 322, § 2, eff. November 1, 2013; Amended by Laws 2018, SB 956, c. 106, § 13, eff. November 1, 2018 ([superseded document available](#)); Amended by Laws 2023, HB 2424, c. 74, § 1, eff. November 1, 2023 ([superseded document available](#)); Amended by Laws 2024, SB 1740, c. 45, § 2, emerg. eff. April 19, 2024 ([superseded document available](#)).

Citationizer® Summary of Documents Citing This Document

Cite Name	Level
Title 59. Professions and Occupations	
Cite	NameLevel
59 O.S. 478.1,	Telemedicine - Establishment of Physician-Patient Relationship - Prescribing Opiates Cited
	or Controlled Dangerous Substances

Citationizer: Table of Authority

Cite Name	Level
Title 63. Public Health and Safety	
Cite	NameLevel
63 O.S. 1-2506.2,	Prescribing Opiate Antagonists for Family Members Exhibiting Signs of Overdose - Cited
	Liability of Family Member Administering Dose

Cite Name	Level	Cited
<u>63 O.S. 1-2506.2,</u>	<u>Prescribing Opiate Antagonists for Family Members - Covered Under the Good Samaritan Act</u>	



Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2509 - Ambulance Service Operation - Authority of Commissioner to Revoke or Suspend License - Penalties for Violation

Cite as: O.S. §, __ __

A. 1. No person, company, governmental entity or trust authority may operate an ambulance service within this state except as provided in this section. The State Commissioner of Health, the district attorney of the county wherein the ambulance service operates or may be found, or the Attorney General of this state shall have the authority to bring an action to enjoin the operation of any ambulance service not in compliance with the provisions of this act.

2. A ground ambulance service based outside of this state that is licensed and in good standing in its home state may respond to an emergency request for care and transport of a patient within this state provided no local licensed ambulance service is readily available, and may be exempt from the licensing requirements of this state pursuant to rules promulgated by the State Board of Health.

3. Requests for service must be referred by an Oklahoma emergency dispatch center. The Board may require such exempt ambulance service to subsequently provide documentation of emergency response activities performed within this state.

4. The State Department of Health shall have the authority to investigate any complaint associated with an emergency response by an out-of-state ambulance service in the same manner as ambulance services licensed by the Department within this state.

B. The Commissioner shall have the authority to revoke or suspend any license, to issue probationary licenses, or to levy such administrative fines and penalties as may be deemed necessary, for violations of the provisions of this act, subject to the provisions of the Administrative Procedures Act. The powers afforded the Commissioner within the general enforcement provisions of the Public Health Code are additionally incorporated herein.

C. In addition to any other penalties, any person, company, governmental entity or trust authority who violates any of the provisions of this act relating to compliance with the provisions of this act or of standards, specifications, procedures and rules adopted by the Board may be punished by the assessment of a civil penalty of not more than One Hundred Dollars (\$100.00) for each violation. Each day a violation continues shall be considered a separate offense.

D. The operation or maintenance of an ambulance service in violation of this act, or the rules promulgated by the Board, is declared a public nuisance inimical to the public welfare. The Commissioner in the name of the people of the state, through the Attorney General, or the district attorney of the county in which the ambulance service is located, may, in addition to other remedies herein provided, bring action for an injunction to restrain such violation or to enjoin the future operation or maintenance of any such ambulance service.

Historical Data

Laws 1990, HB 1645, c. 320, § 13, emerg. eff. May 30, 1990; Amended by Laws 2005, SB 539, c. 204, § 2, emerg. eff. July 1, 2005 (repealed by Laws 2006, HB 3139, c. 16, § 47, emerg. eff. March 29, 2006); Amended by Laws 2005, HB 1503, c. 191, § 1, eff. November 1, 2005 ([superseded document available](#)); Amended by Laws 2006, HB 3139, c. 16, § 46, emerg. eff. March 29, 2006 ([superseded document available](#)).

Citationizer[®] Summary of Documents Citing This Document

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Oklahoma Attorney General's Opinions

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Cite Name	Level	
<u>1995 OK AG 105,</u>	<u>Question Submitted by: The Honorable Ed Long, State Senator, District 19</u>	Cited
Oklahoma Court of Civil Appeals Cases		
Cite	Name	Level
<u>1994 OK CIV APP 119, 884 P.2d 1209, 65</u>	<u>Carlson v. City of Broken Arrow</u>	Cited
<u>OBJ 3926,</u>		

Citationizer: Table of Authority

Cite Name	Level	
Title 63. Public Health and Safety		
Cite	Name	Level
<u>63 O.S. 1-2509,</u>	<u>Ambulance Service Operation - Authority of Commissioner to Revoke or Suspend License - Penalties for Violation</u>	Cited



Title 63. Public Health and Safety

 Oklahoma Statutes Citationized

 Title 63. Public Health and Safety

 Chapter 1 - Oklahoma Public Health Code

 Article Article 25 - Oklahoma Emergency Response Systems Development Act

 Section 1-2509.1 - Rules to Implement the Oklahoma Response Systems Development Act

Cite as: O.S. §, __ __

The State Board of Health shall promulgate rules to implement the provisions of the Oklahoma Emergency Response Systems Development Act.

Historical Data

Laws 2016, HB 2742, c. 246, § 4, eff. November 1, 2016.

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None Found.



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 Title 63. Public Health and Safety

 Chapter 1 - Oklahoma Public Health Code

 Article Article 25 - Oklahoma Emergency Response Systems Development Act

 Section 1-2510 - Creation of Oklahoma Emergency Medical Services Program

Cite as: O.S. §, __ __

There is hereby created within the State Department of Health the Division of Emergency Medical Services, for the operation of an Oklahoma Emergency Medical Services Program.

Historical Data

Laws 1990, HB 1645, c. 320, § 14, emerg. eff. May 30, 1990.

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Title 63. Public Health and Safety

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Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2511 - Powers and Duties of State Commissioner of Health

Cite as: O.S. §, __ __

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 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, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council created in Section 44 of this act, 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 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. Employ and prescribe the duties of employees as may be necessary to administer the provisions of the Oklahoma Emergency Response Systems Development Act;
10. Apply for and accept public and private gifts, grants, donations and other forms of financial assistance designed for the support of emergency medical services;
11. 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. 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
12. 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.

Historical Data

Laws 1990, HB 1645, c. 320, § 15, emerg. eff. May 30, 1990; Amended by Laws 1994, HB 2591, c. 236, § 1, eff. September 1, 1994; Amended by Laws 1999, HB 1158, c. 156, § 4, eff. November 1, 1999 ([superseded document available](#)); Amended by Laws 2001, SB 741, c. 411, § 6, eff. November 1, 2001 ([superseded document available](#)); Amended by Laws 2005, SB 539, c. 204, § 3, emerg. eff. July 1, 2005 ([superseded document available](#)); Amended by Laws 2013, HB 1083, c. 23, § 7, eff. November 1, 2013; Amended by Laws 2013, HB 1467, c. 229, § 67, eff. November 1, 2013 ([superseded document available](#)).

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<i>Cite</i>	<i>Name</i>
<i>63 O.S. 1-2511,</i>	<i>Powers and Duties of State Commissioner of Health</i>
<i>63 O.S. 1-2511,</i>	<i>Powers and Duties of State Commissioner of Health</i>



Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2512 - Promulgation of Rules

Cite as: O.S. §, __ __

A. The State Board of Health, giving consideration to the recommendations of the Trauma and Emergency Response Advisory Council as created in Section 44 of this act, shall promulgate rules to enact the provisions of the Oklahoma Emergency Response Systems Development Act.

B. Such rules shall specify which vehicles of licensed ambulance service providers shall be considered authorized emergency vehicles pursuant to the provisions of Section 1-103 of Title 47 of the Oklahoma Statutes. The rules shall provide that vehicles transporting licensed ambulance service personnel or life saving equipment that meet all other specifications required by the Board shall be considered authorized emergency vehicles.

Historical Data

Laws 1990, HB 1645, c. 320, § 16, emerg. eff. May 30, 1990; Amended by Laws 1991, HB 1083, c. 167, § 2, emerg. eff. July 1, 1991; Amended by Laws 2001, SB 741, c. 411, § 7, eff. November 1, 2001 ([superseded document available](#)); Amended by Laws 2013, HB 1467, c. 229, § 68, eff. November 1, 2013 ([superseded document available](#)).

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<u>63 O.S. 1-2512.</u>	<u>Duty to Promulgate, Adopt and Publish Rules and Regulations</u>	Cited



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Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2512.1 - Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund

Cite as: O.S. §, __ __

A. There is hereby created in the State Treasury a revolving fund for the State Department of Health to be designated the "Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of monies received by the State Department of Health in accordance with state law. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Department for the purpose of funding assessment activities, stabilization and/or reorganization of at-risk emergency medical services, development of regional emergency medical services, training for emergency medical directors, access to training front line emergency medical services personnel, capital and equipment needs. Expenditures from the 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.

B. The State Board of Health shall promulgate rules establishing a formula and procedure for the distribution of funds from the Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund.

Historical Data

Laws 2008, SB 1918, c. 393, § 8, eff. November 1, 2008; Amended by Laws 2012, HB 3079, c. 304, § 490 ([superseded document available](#)).

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Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2513 - Filing of Application for License - Notification of Grant or Rejection of License

Cite as: O.S. §, __ __

A. All persons, companies, governmental entities or trust authorities desiring to operate an ambulance service shall file with the State Commissioner of Health an application for a license to operate the service. The Commissioner shall, within two (2) months of the date of the application, notify the applicant in writing of the granting or rejection of the license and shall, in the event of rejection, specify the reasons for the rejection.

B. The Commissioner may issue an Oklahoma Air Ambulance Provider License to an Air Ambulance provider, duly licensed in good standing and operating from bases in an adjoining state, that makes application and provides documentation pursuant to rules promulgated by the State Board of Health. Such ambulance provider staff shall not be required to be licensed in this state but shall be required to meet the licensure requirements in the state of origin.

Historical Data

Laws 1990, HB 1645, c. 320, § 17, emerg. eff. May 30, 1990; Amended by Laws 2005, HB 1503, c. 191, § 2, eff. November 1, 2005 ([superseded document available](#)).

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<u>63 O.S. 1-2513.</u>	<u>Filing of Application for License - Notification of Grant or Rejection of License</u>	Cited



Title 63. Public Health and Safety

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Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2515 - Authority to Regulate and Control Ambulance Service Transports - Standards - Sole-Provider System -

Exemption from Regulation

Cite as: O.S. §, __ __

A. Notwithstanding any other provision of this title, Emergency Medical Services (EMS) Regions, Ambulance Service districts or municipalities are hereby authorized to regulate and control, pursuant to duly enacted ordinance or regulation, Ambulance Service transports originating within the jurisdiction of such EMS Regions, Ambulance Service districts or municipalities.

B. Any ordinance or regulation adopted pursuant to subsection A of this section shall meet and may exceed, but shall not be in contravention of, the standards promulgated by the State Board of Health for Ambulance Service transports.

C. 1. Any ordinance or regulation adopted by an EMS Region, Ambulance Service district or a municipality may establish a sole-provider system for stretcher van and/or Ambulance Service transports; provided, however, any such designated or contracted sole-provider which is not an EMS Region, Ambulance Service district, municipality, or other public entity shall be selected by competitive bidding.

2. A contract entered into pursuant to such bidding shall be with the lowest and best bidder and may be for an initial term of such duration as deemed operationally and fiscally prudent by the contracting agency. The term of such sole-provider contract shall be made public at the time bids are solicited, which solicitation shall be not less than sixty (60) days prior to the contract start date.

D. Any EMS Region, Ambulance Service district or municipality may establish a sole-provider system for stretcher van and/or Ambulance Service transports and may allow additional geographic or political subdivisions to join such a system at any time. Whenever such a geographic or political subdivision joins such a sole-provider system, competitive bidding shall not be required and provision for servicing the new jurisdiction may be accomplished by amending the existing sole-provider contract. Furthermore, in the event the expansion of the service area of the EMS Region, Ambulance Service district or the municipality is substantial (in the sole opinion of the governing body of the EMS Region, Ambulance Service district or municipality), the existing sole-provider contract may be extended for a period sufficient to allow reasonable opportunity for recovery of capital costs of expansion, as determined by the contracting agency.

E. The provisions of this section shall not be construed or applied to limit the operation of any emergency medical service district established and operating pursuant to Section 9C of Article 10 of the Oklahoma Constitution; provided, however, that, upon invitation and approval of a majority of the voters of the district, any such district is hereby authorized to join by appropriate agreement any system established by an EMS Region, Ambulance Service district or a municipality pursuant to the provisions of this section.

F. The following types of patient transports shall be exempt from regulation by EMS Regions, Ambulance Service districts or municipalities:

1. Any ambulance owned or operated by, or under contract to perform ambulance transport services for, the Federal or State government, or any agency thereof;

2. Any ambulance owned and operated by a hospital and in use to transport a patient of the owner-hospital, which patient has been admitted to and not been discharged from the owner-hospital, to or from another hospital or medical care facility at which the patient receives a diagnostic or therapeutic procedure not available at the owner-hospital;

3. Any ambulance engaged in a routine transport call to transport a patient from a hospital, nursing home, or dialysis center located within an EMS Region, Ambulance Service district or municipality to any location outside the EMS Region, Ambulance Service district or municipality;
4. Any ambulance engaged in the transport of a patient from a location outside an EMS Region, Ambulance Service district or municipality to a location inside an EMS Region, Ambulance Service district or municipality; or
5. Any ambulance engaged in the interstate transport of a patient.

Historical Data

Laws 1990, HB 1645, c. 320, § 18, emerg. eff. May 30, 1990; Amended by Laws 1991, HB 1083, c. 167, § 3, emerg. eff. July 1, 1991; Amended by Laws 1995, SB 433, c. 194, § 4, eff. November 1, 1995; Amended by Laws 1997, SB 575, c. 281, § 1, emerg. eff. July 1, 1997 ([superseded document available](#)); Amended by Laws 2001, SB 741, c. 411, § 8, eff. November 1, 2001 ([superseded document available](#)); Amended by Laws 2016, HB 1036, c. 236, § 3, eff. November 1, 2016 ([superseded document available](#)).

Citationizer[®] Summary of Documents Citing This Document

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Oklahoma Attorney General's Opinions		
Cite	Name	Level
<u>1995 OK AG 105.</u>	<u>Question Submitted by: The Honorable Ed Long, State Senator, District 19</u>	Cited

Citationizer: Table of Authority

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Title 63. Public Health and Safety		
Cite	Name	Level
<u>63 O.S. 1-2515.</u>	<u>Authority to Regulate and Control Ambulance Service Transports - Standards - Sole-Provider System - Exemption from Regulation</u>	Cited



Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Article Article 25 - Oklahoma Emergency Response Systems Development Act

Section 1-2516.1 - Permitting Assistance Agreements with Local First Responder Agencies - Requirements

Cite as: 63 O.S. § 1-2516.1 (OSCN 2024)

A. The governing body of any municipality, public ambulance service district organized pursuant to [Sections 1201 through 1221 of Title 19](#) of the Oklahoma Statutes, or emergency medical service district organized pursuant to [Section 9C of Article X](#) of the Oklahoma Constitution may elect to enter into agreements with local first responder agencies, whether governmental or nonprofit, for the purpose of acquiring assistance with emergency medical response.

B. All agreements entered into pursuant to subsection A of this section shall, at a minimum:

1. Determine the required training necessary in order for first responders to participate under the agreement;
2. Establish a system for identifying which first responders are eligible to participate under the agreement;
3. Establish a process for verifying the training credentials of participating first responders;
4. Establish the level of emergency medical care to be provided by the participating first responders;
5. Determine which party to the agreement shall provide compensation, if any, and insurance coverage for participating first responders;
6. Establish a process for ensuring that participating first responders are familiar and compliant with applicable operating procedures and standards of care; and
7. Establish the procedures by which participating first responders shall be notified that their assistance is required.

Historical Data

Laws 2022, HB 3132, c. 54, § 2, eff. November 1, 2022.

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None Found.

Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2550 - ARTICLE I - Purpose

Cite as: 63 O.S. § 1-2550 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE I

Purpose

To protect the public through verification of competency and ensure accountability for patient care-related activities all state-licensed emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs, and paramedics. This Compact is intended to facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

1. Increase public access to EMS personnel;
2. Enhance the states' ability to protect the public's health and safety, especially patient safety;
3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
4. Support licensing of military members who are separating from an active duty tour and their spouses;
5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action, and significant investigatory information;
6. Promote compliance with the laws governing EMS personnel practice in each member state; and
7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

Historical Data

Laws 2023, HB 2422, c. 269, § 1, eff. November 1, 2023.

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Title 63. Public Health and Safety

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Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2551 - ARTICLE II - Definitions

Cite as: 63 O.S. § 1-2551 (OSC N 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE II

Definitions

As used in this Compact:

1. "Advanced emergency medical technician (AEMT)" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;
2. "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring, or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions, and state court judgments enforcing adverse actions by the state EMS authority;
3. "Alternative program" means a voluntary, nondisciplinary substance abuse recovery program approved by a state EMS authority;
4. "Certification" means the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination;
5. "Commission" means the national administrative body of which all states that have enacted the Compact are members;
6. "Emergency medical technician (EMT)" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;
7. "Home state" means a member state where an individual is licensed to practice emergency medical services;
8. "License" means the authorization by a state for an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic;
9. "Medical director" means a physician licensed in a member state who is accountable for the care delivered by EMS personnel;
10. "Member state" means a state that has enacted this Compact;
11. "Privilege to practice" means an individual's authority to deliver emergency medical services in remote states as authorized under this Compact;
12. "Paramedic" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model;
13. "Remote state" means a member state in which an individual is not licensed;
14. "Restricted" means the outcome of an adverse action that limits a license or the privilege to practice;
15. "Rule" means a written statement by the Interstate Commission promulgated pursuant to Section 12 of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the

amendment, repeal, or suspension of an existing rule;

16. "Scope of practice" means defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform;

17. "Significant investigatory information" means:

- a. investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice, or
- b. investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond;

18. "State" means any state, commonwealth, district, or territory of the United States; and

19. "State EMS authority" means the board, office, or other agency with the legislative mandate to license EMS personnel.

Historical Data

Laws 2023, HB 2422, c. 269, § 2, eff. November 1, 2023.

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None Found.



Title 63. Public Health and Safety

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Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2552 - ARTICLE III - Home State Licensure

Cite as: 63 O.S. § 1-2552 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE III

Home State Licensure

- A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this Compact.
- B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this Compact.
- C. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:
1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
 2. Has a mechanism in place for receiving and investigating complaints about individuals;
 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;
 4. No later than five (5) years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with CFR Section 731.202 and submit documentation of such as promulgated in the rules of the Commission; and
 5. Complies with the rules of the Commission.

Historical Data

Laws 2023, HB 2422, c. 269, § 3, eff. November 1, 2023.

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Title 63. Public Health and Safety **Oklahoma Statutes Citationized** **Title 63. Public Health and Safety** **Chapter 1 - Oklahoma Public Health Code** **Recognition of EMS Personnel Licensure Interstate Compact** **Section 1-2553 - ARTICLE IV - Compact Privilege to Practice**

Cite as: 63 O.S. § 1-2553 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE IV**Compact Privilege to Practice**

A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3 of this Compact.

B. To exercise the privilege to practice under the terms and provisions of this Compact, an individual must:

1. Be at least eighteen (18) years of age;
2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state-recognized and -licensed level with a scope of practice and authority between EMT and paramedic; and
3. Practice under the supervision of a medical director.

C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state, as may be defined in the rules of the Commission.

D. Except as provided in subsection C of Section 4 of this Compact, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend, or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action, it shall promptly notify the home state and the Commission.

E. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

F. If an individual's privilege to practice in any remote state is restricted, suspended, or revoked, the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

Historical Data

Laws 2023, HB 2422, c. 269, § 4, eff. November 1, 2023.

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Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2554 - ARTICLE V - Conditions of Practice in a Remote State

Cite as: 63 O.S. § 1-2554 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE V

Conditions of Practice in a Remote State

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

1. The individual originates a patient transport in a home state and transports the patient to a remote state;
2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;
3. The individual enters a remote state to provide patient care and/or transport within that remote state;
4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state; or
5. Other conditions as determined by rules promulgated by the Commission.

Historical Data

Laws 2023, HB 2422, c. 269, § 5, eff. November 1, 2023.

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Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2555 - ARTICLE VI - Relationship to Emergency Management Assistance Compact

Cite as: 63 O.S. § 1-2555 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE VI

Relationship to Emergency Management Assistance Compact

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply, and to the extent any terms or provisions of this Compact conflicts with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.\

Historical Data

Laws 2023, HB 2422, c. 269, § 6, eff. November 1, 2023.

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Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2556 - ARTICLE VII - Veterans, Service Members Separating From Active Duty Military, and Their Spouses

Cite as: 63 O.S. § 1-2556 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE VII

Veterans, Service Members Separating From Active Duty Military, and Their Spouses

- A. Member states shall consider a veteran, active military service member, and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.
- B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.
- C. All individuals functioning with a privilege to practice under this section remain subject to the adverse actions provisions of Article VIII of this Compact.

Historical Data

Laws 2023, HB 2422, c. 269, § 7, eff. November 1, 2023.

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Title 63. Public Health and Safety **Oklahoma Statutes Citationized** **Title 63. Public Health and Safety** **Chapter 1 - Oklahoma Public Health Code** **Recognition of EMS Personnel Licensure Interstate Compact** **Section 1-2557 - ARTICLE VIII - Adverse Actions**

Cite as: 63 O.S. § 1-2557 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE VIII**Adverse Actions**

- A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.
- B. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.
1. All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.
2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.
- C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the Commission in accordance with the rules of the Commission.
- D. A remote state may take adverse action on an individual's privilege to practice within that state.
- E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.
- F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.
- G. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

Historical Data

Laws 2023, HB 2422, c. 269, § 8, eff. November 1, 2023.

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Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2558 - ARTICLE IX - Additional Powers Invested in a Member State's EMS Authority

Cite as: 63 O.S. § 1-2558 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE IX

Additional Powers Invested in a Member State's EMS Authority

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this Compact to:

1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
2. Issue cease and desist orders to restrict, suspend, or revoke an individual's privilege to practice in the state.

Historical Data

Laws 2023, HB 2422, c. 269, § 9, eff. November 1, 2023.

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Title 63. Public Health and Safety

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Chapter 1 - Oklahoma Public Health Code

Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2559 - ARTICLE X - Establishment of the Interstate Commission for EMS Personnel Practice

Cite as: 63 O.S. § 1-2559 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE X

Establishment of the Interstate Commission for EMS Personnel Practice

A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.

1. The Commission is a body politic and an instrumentality of the Compact states.
2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. Each member state shall have and be limited to one delegate. The responsible official of the state EMS authority or his or her designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office, or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the governor of the state will determine which entity will be responsible for assigning the delegate.
2. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XII of this Compact.
5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:
 - a. noncompliance of a member state with its obligations under the Compact,
 - b. the employment, compensation, discipline, or other personnel matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures,
 - c. current, threatened, or reasonably anticipated litigation,
 - d. negotiation of contracts for the purchase or sale of goods, services, or real estate,
 - e. accusing any person of a crime or formally censuring any person,

- f. disclosure of trade secrets or commercial or financial information that is privileged or confidential,
- g. disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy,
- h. disclosure of investigatory records compiled for law enforcement purposes,
- i. disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact, or
- j. matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to paragraph 5 of this subsection, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision in paragraph 5 of this subsection. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including, but not limited to:

1. Establishing the fiscal year of the Commission;
2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees, and
 - b. governing any general or specific delegation of any authority or function of the Commission;
3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
4. Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the Commission;
5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;
7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
8. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any;
9. The Commission shall maintain its financial records in accordance with the bylaws; and
10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, real, personal, or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;
11. To appoint committees, including advisory committees, comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.
4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

F. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

Historical Data

Laws 2023, HB 2422, c. 269, § 10, eff. November 1, 2023.

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Title 63. Public Health and Safety

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2560 - ARTICLE XI - Coordinated Database

Cite as: 63 O.S. § 1-2560 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE XI

Coordinated Database

A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action, and significant investigatory information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against an individual's license;
5. An indicator that an individual's privilege to practice is restricted, suspended, or revoked;
6. Nonconfidential information related to alternative program participation;
7. Any denial of application for licensure, and the reason(s) for such denial; and
8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

Historical Data

Laws 2023, HB 2422, c. 269, § 11, eff. November 1, 2023.

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Title 63. Public Health and Safety

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Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2561 - ARTICLE XII - Rulemaking

Cite as: 63 O.S. § 1-2561 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE XII

Rulemaking

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the member states reject a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
1. On the website of the Commission; and
 2. On the website of each member state's EMS authority or the publication in which each state would otherwise publish proposed rules.
- E. The Notice of Proposed Rulemaking shall include:
1. The proposed time, date, and location of the meeting in which the rule or amendment will be considered and voted upon;
 2. The text of the proposed rule or amendment and the reason for the proposed rule or amendment;
 3. A request for comments on the proposed rule or amendment from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- F. Prior to adoption of a proposed rule or amendment, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
1. At least twenty-five persons;
 2. A governmental subdivision or agency; or
 3. An association having at least twenty-five members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This paragraph shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
4. Nothing in this section shall be construed as requiring a separate hearing on each rule or amendment. Rules or amendments may be grouped for the convenience of the Commission at hearings required by this section.
- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- J. The Commission shall, by majority vote of all members, take final action on the proposed rule or amendment and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule or amendment without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this subsection, an emergency rule is one that must be adopted immediately in order to:
1. Meet an imminent threat to public health, safety, or welfare;
 2. Prevent a loss of Commission or member state funds;
 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule or amendment. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

Historical Data

Laws 2023, HB 2422, c. 269, § 12, eff. November 1, 2023.

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Title 63. Public Health and Safety

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Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2562 - ARTICLE XIII - Oversight, Dispute Resolutions, and Enforcement

Cite as: 63 O.S. § 1-2562 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE XIII

Oversight, Dispute Resolutions, and Enforcement

A. Oversight

1. The executive, legislative, and judicial branches of state government in each member state shall enforce this Compact and take all necessary and appropriate actions to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities, or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - a. provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, and/or any other action to be taken by the Commission, and
 - b. provide remedial training and specific technical assistance regarding the default.
2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.
4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

C. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and nonmember states.
2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

Historical Data

Laws 2023, HB 2422, c. 269, § 13, eff. November 1, 2023.

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Title 63. Public Health and Safety

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Title 63. Public Health and Safety

Chapter 1 - Oklahoma Public Health Code

Recognition of EMS Personnel Licensure Interstate Compact

Section 1-2563 - ARTICLE XIV - Date of Implementation of the Interstate Commission for EMS Personnel Practice and Associated Rules, Withdrawal, and Amendment

Cite as: 63 O.S. § 1-2563 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE XIV

Date of Implementation of the Interstate Commission for EMS Personnel Practice and Associated Rules, Withdrawal, and Amendment

A. The Compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this Compact prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

Historical Data

Laws 2023, HB 2422, c. 269, § 14, eff. November 1, 2023.

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 Recognition of EMS Personnel Licensure Interstate Compact

 Section 1-2564 - ARTICLE XV - Construction and Severability

Cite as: 63 O.S. § 1-2564 (OSCN 2024), Recognition of EMS Personnel Licensure Interstate Compact

ARTICLE XV

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining member states. Nothing in this Compact supersedes state law or rules related to licensure of EMS agencies.

Historical Data

Laws 2023, HB 2422, c. 269, § 15, eff. November 1, 2023.

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