

AGENDA

Oklahoma Emergency Response Systems Development Advisory Council

Oklahoma State Capitol
2300 N. Lincoln Blvd
Oklahoma City, OK 73103
Governor's Blue Conference Room

November 13, 2008
1:00 PM

- I. Call to Order - Roll Call
- II. Approval of minutes.
- III. Introductions and Announcements.
- IV. EMS Division Update: Shawn Rogers
 - a. Data System
 - b. Legislative Update
 - i. EMS Death Benefit
 - ii. Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund (OERSSIRF)
 - c. Terrorism Preparedness Grants
 - i. Regional Medical Response System
 - ii. REMSS & ASPR grant
- V. Trauma Update: Patrice Greenawalt
 - a. Statewide System Update
 - b. Trauma Fund disbursal
- VI. EMSC Update- Paul Marmen
- VII. Sub-committee reports:
 - a. Training & Licensure - Paul Marmen
 - b. Distance Learning - Gina Riggs
 - c. Communications - Mike Greene
 - d. Medical Direction- Shawn Rogers
- VIII. Discussion on O.A.C. 310:641-3-120(c) Operational Protocols (Closest Ambulance)
- IX. Discussion and review of legal opinion on 310:641-5-11(4) License Qualification.
- X. Discussion and approval of the Emergency Medical Responder Letter / Card.
- XI. Review and approval of 2009 meeting dates:

Thursday, February 19, 2009 at 1:00 pm
Thursday, May 21, 2009 at 1:00pm
Thursday, August 20, 2009 at 1:00pm
Thursday, November 12, 2009 at 1:00pm
- XII. New Business
- XIII. Public Comment
- XIV. Adjournment

AGENDA

Oklahoma Emergency Response Systems Development Advisory Council

Oklahoma State Department of Health

Location: EMSA

1111 N. Classen Blvd.

Oklahoma City, Oklahoma

November 25, 2008

11:00 AM

- I. Call to Order - Roll Call
- II. Introductions and Announcements.
- III. Discussion and possible action on O.A.C. 310:641-3-120 Operational Protocols.
- IV. Public Comment
- V. Adjournment

AGENDA

Oklahoma Emergency Response Systems Development Advisory Council
State Capitol- Governor's Large Conference Room – 2nd Floor
2301 N. Lincoln
Oklahoma City, OK

February 21, 2008
1:00 pm

- I. Call to Order - Roll Call
- II. Approval of minutes.
- III. Introductions and Announcements.
- IV. Trauma Update:
 - a. Statewide System Update
 - b. Trauma Fund disbursal
- V. EMSC Update- Paul Marmen
- VI. EMS Division Update:
 - a. Data System
 - i. Highway Safety Grant
 - ii. NEMSIS Update
 - b. Legislative Update
 - i. Governor's State of the State
 - ii. Governor's budget
 - iii. Board of Health Resolution
 - iv. Review of Current legislation
 - v. Legislative Day
 - c. Terrorism Preparedness Grants
 - i. Regional Medical Response System
 - ii. "Package Plan" & ASPR grant
- VIII. Sub-committee reports:
 - a. Training & Licensure – Paul Marmen
 - b. Communications – Mike Greene
 - c. Data Sub-committee – Lynda Williams
 - d. Medical Direction- Dr. Cathey
 - e. Air Ambulance – Clarence Fortney
- IX. Discussion and possible approval of proposed rule changes.
 - Part 7 – Air Ambulances
 - 310:641-3-30 Air Ambulance license
 - 310:641-3-31 Air Ambulance Service
 - 310:641-3-32 Air Ambulance Vehicles
 - 310:641-3-36 Operational protocols
 - 310:641-3-37 Communications
 - 310:641-3-39 Rotorwing standards – certificate of the aircraft operator
 - Part 9 – Specialty Care
 - Definition of Specialty Care Transport
- X. Public Comment
- XI. Adjournment

AGENDA

Oklahoma Emergency Response Systems Development Advisory Council
State Capitol- Governor's Large Conference Room – 2nd Floor
2301 N. Lincoln
Oklahoma City, OK

March 24, 2008
2:30 pm

- I. Call to Order - Roll Call
- II. Approval of minutes.
- III. Introductions and Announcements.
- IV. EMS Division Update: Shawn Rogers
 - a. Data System
 - i. Highway Safety Grant
 - ii. NEMSIS Update
 - b. Legislative Update
 - i. Governor's State of the State
 - ii. Governor's budget
 - iii. Board of Health Resolution
 - iv. Review of Current legislation
 - v. Legislative Day
 - c. Terrorism Preparedness Grants
 - i. Regional Medical Response System
 - ii. "Package Plan" & ASPR grant
- V. Trauma Update: Patrice Greenawalt
 - a. Statewide System Update
 - b. Trauma Fund disbursal
- VI. EMSC Update- Paul Marmen
- VII. Sub-committee reports:
 - a. Training & Licensure – Paul Marmen
 - b. Communications – Mike Greene
 - c. Data Sub-committee – Lynda Williams
 - d. Medical Direction- Dr. Cathey
 - e. Air Ambulance – Clarence Fortney
- VIII. Discussion and possible approval of proposed rule changes.
 - Part 7 – Air Ambulances
 - 310:641-3-30 Air Ambulance license
 - 310:641-3-31 Air Ambulance Service
 - 310:641-3-32 Air Ambulance Vehicles
 - 310:641-3-36 Operational protocols
 - 310:641-3-37 Communications
 - 310:641-3-39 Rotorwing standards – certificate of the aircraft operator
 - Part 9 – Specialty Care
 - Definition of Specialty Care Transport
- IX. Public Comment
- X. Adjournment

AGENDA

Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
Room 314

May 15, 2008
1:00 PM

- I. Call to Order - Roll Call
- II. Approval of minutes.
- III. Introductions and Announcements.
- IV. EMS Division Update: Shawn Rogers
 - a. Data System
 - b. Legislative Update
 - c. EMS Week
 - d. Terrorism Preparedness Grants
 - i. Regional Medical Response System
 - ii. REMSS & ASPR grant
- V. Trauma Update: Patrice Greenawalt
 - a. Statewide System Update
 - b. Trauma Fund disbursal
- VI. EMSC Update- Paul Marmen
- VII. Sub-committee reports:
 - a. Training & Licensure - Paul Marmen
 - b. Communications - Mike Greene
 - c. Data Sub-committee - Lynda Williams
 - d. Medical Direction- Dr. Cathey
 - e. Air Ambulance - Clarence Fortney
- VIII. Public Comment
- IX. Adjournment

AGENDA

Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
Room 314

August 21, 2008
1:00 PM

- I. Call to Order - Roll Call
- II. Approval of minutes.
- III. Introductions and Announcements.
- IV. EMS Division Update: Shawn Rogers
 - a. Data System
 - b. Legislative Update
 - c. Terrorism Preparedness Grants
 - i. Regional Medical Response System
 - ii. REMSS & ASPR grant
- V. Trauma Update: Patrice Greenawalt
 - a. Statewide System Update
 - b. Trauma Fund disbursal
- VI. EMSC Update- Paul Marmen
- VII. Sub-committee reports:
 - a. Training & Licensure - Paul Marmen
 - b. Communications - Mike Greene
 - c. Medical Direction- Shawn Rogers
- VIII. Discussion and possible approval of proposed rule changes
 - Subchapter 3. Ambulance Services
 - Part 1. General Provisions
 - 310:641-3-2 Definitions
 - Part 7. Air Ambulances
 - 310:641-3-31 Air Medical Service
 - 310:641-3-32 Air Ambulance vehicles
 - 310:641-3-33 Air Ambulance Equipment
 - 310:641-3-34 Air ambulance medical staffing
 - 310:641-3-35 Air medical director
 - 310:641-3-36 Operational protocols
 - 310:641-3-37 Communications
 - 310:641-3-38 Aircraft utilization
 - 310:641-3-39 Rotorwing standards - certificate of the aircraft operator
 - Part 9. Specialty Care
 - 310:641-3-43 Personnel
 - Part 11. Medical Control
 - 310:641-3-50 Requirements
 - Part 19. Inspection, Correction, Actions
 - 310:641-3-91 Correction Orders

Subchapter 5. Personnel Licenses and Certification

Part 3. Emergency Medical Personnel Licenses

310:641-5-11 License qualifications

310:641-5-13 Issuance of Licenses

310:641-5-14 Renewal Requirements

310:641-5-14.1 Renewal requirements for non-NREMT- Certified licensees

310:641-5-15 Expired licenses

310:641-5-17 Lapsed licenses

Part 5. Procedures Authorized

310:641-5-30 Standard of Care

Subchapter 7. Training Programs

Part 3. Training Programs

310:641-7-10 Training Programs

310:641-7-13 Training Program Responsibilities

310-641-7-15 Course Approval

IX. Public Comment

X. Adjournment

Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
November 13, 2008

MINUTES

Members Present:

Phil Reid, Kellie Swim, Susan Harper, Mike Greene, Clarence Fortney, Ron Feller, Greg Reid, Dr. Gerald Doeksen, Jimmy Johnson, Paul Marmen, Gina Riggs, Rebecca Smith, James Blocker, and Betty Roan.

Members Not Present:

Gary Ligon, Ernie Moore, Dr. Robert Salinas, Rick Bronson, and Jo Ann Cobble.

Staff Present:

Charles Broadway, OSDH Legal Division; Patrice Greenawalt, OSDH Trauma Division; Sharon DellaVecchio, OSDH EMS Division; and Shawn Rogers, OSDH EMS Division.

Guest Present:

Dr. Jeff Goodloe, OIEM; Klayn Hitt, Grady EMS District; Darryl Maggard, Cherokee Co. 911; Rick Langkamp, MESTA; Brandon Hankins, Mayes Co 911; Stephen Williamson, EMSA; Tim Pickering, Air Evac Lifeteam; Kenneth Power, Johnston County EMS; Kyle Kuhns, Tahlequah City Hospital EMS; Darita Huckabee, INCOG; Vicki Atchley, Tulsa 911; Leaugeay Barnes, OCCC; Bob Hawley, EMS of Leflore County; and Ann Singer, EMSA.

Mike Greene called the meeting to order at 1:13 pm.

Kellie Swim made a motion to approve the August 21, 2008 minutes with no changes. Susan Harper seconded the motion. Motion carried.

EMS Division Update - Shawn Rogers

Data System - The State of Oklahoma is in the process of converting from a legacy data system that we built in 2002 to a National EMS Information System (NEMSIS) compliant database that we bought from a commercial vendor using the Highway Safety Grant. We have about 140 agencies that have been through the training, which leaves us about 50 agencies that still need it. After they have been through the orientation training they are given a password and have the option to use either the new OKEMSIS system or the old legacy system until January 1st. Any runs occurring after January 1, 2009 will go into the new OKEMSIS system. The old system will remain up and running so that services can finish submitting pre-2009 data.

We have about 4,000 runs in the new system. We have a data users group that has been helping us refine it. This is very much a learning experience for everyone concerned and Shawn believes it is going very well.

Phil Reid asked if there was anyway that they could get some kind of validation of the pilot participants in an email form. Shawn stated we could do that.

Shawn said one of the goals of the highway safety administration grant that bought this system is to do a data pilot to establish whether entering data with a tablet at the time of a run is more effective than entering data from a paper form afterwards. We have selected 25 ambulance services of various sizes and gave them tablet computers, and randomly selected members of their staff to use the tablet or to record runs on paper and enter it later on a desktop. We are going to compare the completeness and accuracy of the data entered from both sets.

Betty Roan said her agency is one of the pilot participants and her director is here today and if you have any questions about the program he is extremely knowledgeable. Johnston County EMS has been one of the biggest contributors to the pilot project.

Legislative Update:

EMS Death Benefit - Shawn stated there isn't much to report about the Death Benefit, except that we continue to collect the required \$10.00 on every new and renewal license. The Health Department is working on how to manage the distribution of that fund when the day comes. We don't have a process established yet and it is unclear on who at the Health Department will be doing that. It could be the Fiscal Division, the EMS Division or others that manage similar funds.

Betty Roan asked when would the beneficiary form be online? Shawn stated he didn't know because we do not know by whom and how it will be administrated. Betty stated that she knows Department of Public Safety has similar forms - why can't we fix that and get it online? Betty stated that her husband is the one that carried this bill and he is not happy that the form is not online and available. Shawn stated that he would take that back to the people handling it.

Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund (OERSSIRF) - This fund was established in Senate Bill 1918, most of which amends the tuberculosis act. Money is already going into the fund. We had a public comment meeting and had a great deal of feedback and guidance as to what EMS stakeholders felt we should be doing with the fund. Draft rules following that guidance will be posted on the Health Department's website by November 24th. Our purpose as we go through this process is to make sure it is a transparent process demonstrated that the Health Department does not have any hidden agendas: we are just trying to make sure this fund is available to everybody who can use it to improve EMS in Oklahoma. The next date for a "listening meeting" is projected for December 5th at Metro Tech in Oklahoma City. We are using a grant format.

Regional Medical Response System (RMRS) - The RMRS in the northwest part of the state, is funded through the Terrorism Preparedness grants, and is doing very well. We have several agencies sharing a single medical director and several agencies sharing an emergency medical dispatch system. We have an emergency medical response center

developing in Enid. This is all being done through a contract with NODA, the Council of Government in the northwest part of the state.

REMSS & ASPR grant – the REMSS system is developing EMS intrastate disaster preparedness response teams. We had a distribution of trailers already, so we would have prepositioned emergency equipment. The recipients of those trailers have been identified, and some of the trailers are already constructed and waiting to be distributed out at the Lucent Plant. The teams are shaping up. We have about 100 applicants so far and training program development is well underway. The final form is not approved yet.

Monies were distributed from the ASPR grant: just email Shawn and he will send you the list.

Trauma Update - Patrice Greenawalt

Trauma Fund disbursal – Some of the checks have sent out to the EMS agencies and hospitals as of November 12th. We had a few that did not come back from the financing process, so please give us until November 24th before you start calling about not receiving a check. This is for the January through June 2007 claims period.

Trauma Systems - The biggest news is that we worked on our template for redistribution of the trauma fund monies and that was presented at the Trauma Advisory Council meeting last week. We will be having some working groups through the trauma fund subcommittee looking at how this money should be distributed differently to create the system that we want. We are seeking input now, so if you have any comments or issues you can email them to Patrice. It will involve some shifting of the funds. We want to get more funds out to the rural regions.

Trauma and EMS staff are working together to get destination protocols from EMS agencies and it has been every difficult. Destination protocols are something that have always been required but now they are needed for agencies to be compliant with the regional plans. We need to get these completed and wrapped up. We are having some difficulty getting some of the EMS agencies in the regions to response, we don't want to have to push it the enforcement point. We just need to get them in place, and they need to be followed.

There are issues with following the destination protocols for some pre-hospital agencies because it is changing away from the old way that things used to be done. We will be looking at this in terms of quality improvement for all the regions when cases come to the medical audit committee. Dr. Goodloe was recently appointed to this committee, and he will be a good voice for EMS.

Patrice stated the Trauma Triage training program is being redone through the contract with the Disaster Institute. All the trauma division has right now is the old version, which is out dated.

Patrice stated that beginning July 2008 the receipts to the trauma fund are compared to the same month in 2007 for the tobacco related receipt codes collected by the tax commission. Anything that was over what the trauma fund received last year goes into the EMS revolving

fund. Patrice had some questions on whether all the appropriate receipt codes were being credited to EMS, and had dialog with the Health Department's financial management division. They contacted the tax commission and they are making some adjustments to make sure the EMS revolving fund gets all the monies that it is supposed to get. The Health Department's accounting division is revising how they report trauma fund collections to the trauma advisory council and to the trauma fund subcommittee. They are creating a separate report form so OERSDAC can be updated on the collections.

EMSC Update- Paul Marmen

We are continuing to collect the pre-hospital survey data mentioned at the last meeting, and now we are working on hospital data. We are also now in the middle of writing the grant for EMSC for the next 3 years. We have been involved with the Health Department, helping out with some pediatric content. We are working on a proposal for a couple of different places to get funding so we can supply pediatric equipment to BLS services. We are planning on having the first EMSC pediatric conference on March 7th and 8th at MetroTech in Oklahoma City. We are hoping this can become an annual event and we can turn it to something that is worthwhile.

Sub-committee reports:

Training & Licensure – Paul Marmen

This committee met yesterday and we discussed that the Distance Learning Task Force would move to the Training and License Subcommittee and would be listed as an agenda item for an update.

We discussed the practical examinations for ALS, looking at the opportunity to rotate them around the state so different schools can have an opportunity to host them. There is currently a contract for ALS testing between the Health Department and Eastern Oklahoma County (EOC). The best way to approach this will probably be to look at writing some different rule language: currently the rule says the Division will conduct all examinations.

There was a brief update on the new national EMS educational standards at Oklahoma City Community College a few weeks ago, by Brady Publishing. The final draft of the educational standards was submitted to NHTSA and that should probably be approved by the beginning of next year. Once that document is approved it will supercede all previous EMS curricula. States will have to decide based on those standards on what their courses will consist of.

The committee asked if it would be possible for the Division to put up a calendar of continuing education on the web page? This would give those that are not currently working the opportunity to see if there are CEU's available somewhere. It was decided to put the pass rate by the training institution site code up on the OSDH EMS website. If a school wants to look at their EMS Program pass rate they can go on and identify their site code and get their results.

Communications – Mike Greene

The communication subcommittee did not meet this quarter, but there are some 911 coordinators here to address the Council in reference to the Operational Protocol rules concerning the closest ambulance.

Vicki Atchley with the Tulsa 911 Center stated that they had a situation in Northeast Oklahoma, which includes Tulsa County and Rogers County, where ambulance districts are not well defined. She said she came to the Health Department thinking they set the boundaries and she found out they do not, it's the ambulance service that identified their own area of coverage. With 911 you have to have one address and one responder, you cannot say this is a dual encumbered area. She received maps from the Health Department that shows several dual encumbered areas, which just muddies the waters. When the ambulance services drew their areas they did not get with the 911 centers so the public is not getting the service they thought they were going to get 911 does not have the authority to change boundaries.

This is an immediate problem that we need to find a way to resolve. Is there anyway of getting all these entities in the same room, sit down and draw out maps and have the ruling authority approve those before they actual go into effect? Charles Broadway asked what is the 911 criteria? Vicki stated right now there isn't any. Charles stated, so there is nothing that guides you to make the determination which service you want for which address. Vicki stated that when 911 was first instituted in Oklahoma, boundaries were drawn and those are the boundaries that she has been going by, so to her knowledge the boundaries have not been changed in fourteen (14) years.

Charles asked Vicki are you looking for advice from this advisory council to determine that criteria? Vicki stated she was looking at was possibly getting all the stakeholders together and deciding the boundaries and having the county commissioners signing off on it.

Steve Williamson said you would think that those service areas would check the incorporation agreements of the municipalities that they serve. It would make clear the fence line of all the service areas. Steve stated he was a little surprise that the EMS office wouldn't have some jurisdiction since the ambulance services are required to follow EMS ordinances and supply the inter-local cooperation agreements. If you are a 522 district, those are geographically defined also.

Shawn Rogers stated that the Department has limited authority to deny an application to serve an area that is already served by another agency unless there is a sole source ordinance.

Steve asked you couldn't regulate the number of ambulance services in a regulated service area? Shawn responded that is correct. The Department can cite agencies that violate a sole provider service area and can deny a license based on a sole source ordinance or agreement. Steve said you just answered one of the major concerns, which is that the Department can deny an application to serve an area that is already identified as part of a sole source district.

Darita Huckabee with INCOG in Tulsa asked when an ambulance service becomes a regulated entity with the Department of Health they have to tell you what their boundaries are, so why can't you tell us what the boundaries are? Shawn stated that we certainly can and we had provided maps of the service areas of the agencies. The issue that 911 have is

that the map they received has gaps and overlapping boundaries. Darita stated that she understands gaps but doesn't understand the overlapping service areas and Vicki doesn't know what to do.

EMSA's service area is a sole source district: no one may have a service district that overlaps that area. Vicki stated that the State gave her a map that shows that another service district does overlap into EMSA's service area and that is where her concern came in. She needs a plan to get these EMS agencies together in the same room and draw out a map and get someone to sign off on it. This is not something that can be decided 3 months down the line; it is an immediate problem that needs to be resolved.

Susan Harper asked who is in charge of the map? Shawn stated that the Department maintains it. She asked, so when someone turns in map of their coverage area, do you go to your map to see if the coverage is going into someone else coverage area? No, the Department does not have regulatory authority to decline a license or disallow part of service area that a proposed licensee proposes unless there is a sole source ordinance or agreement in place.

Shawn suggested that they sat down in the next couple of days and look at the map and they can probably establish who probably should be responding based on the closest ambulance rule.

Medical Direction - Shawn Rogers

The medical direction subcommittee did not meet due to lack of a quorum, but Dr. Goodloe spoke about the medical directors course. Each member was provided with an outline in their packets. Dr. Goodloe said at the last meeting we discussed the need for improved medical direction statewide and discussed a possible rule change requiring a medical directors course. The council asked us to look into what such a course will look like and this is the outline that Dr. Goodloe generated.

Dr. Goodloe stated as you all know that Dr. Cathey conducted a very important phone survey back this spring among our state EMS medical directors. Some of the responses to his inquiry were encouraging but most should be concerning to you as system administrators, EMS professionals, EMS educators, and the patients that we strive to serve. The practice of EMS medical direction is a distinct practice of medicine. It is challenging, it has it's own separate body of knowledge and it's a challenge to physician and services alike.

Dr Goodloe said: at the University of Oklahoma College of Medicine – Department of Emergency Medicine we have embarked upon a very physician friendly EMS medical directors course for the State of Oklahoma. The alternatives are costly and unnecessary for the maximal benefit for you, your services, and all of our patients.

We are able to offer a six hour course within the state for the benefit of our physician colleagues, systems and our patients. We know for certain that it would be appropriate to offer it in the Tulsa metro area, Oklahoma City metro area and we certainly willing to offer it in other geographically friendly areas. We want to make it possible for our physician colleagues to come in and take a course that starts at 10:00 am and be done by 5:00 pm.

This course would be sponsored by the Oklahoma State Department of Health – EMS Division and the Institute of Disaster in Emergency Medicine. The Institute is not looking to make any money off of this course. Dr. Sacra and Dr. Goodloe would be the principal educators. The tuition would be free. We have mechanisms to award physicians continuing medical education credit of six hours for this course.

Discussion on O.A.C. 310:641-3-120(c) Operational Protocols (Closest Ambulance) –

Greg Reid distributed a handout to the committee on behalf of the Oklahoma Ambulance Association (OKAMA). Greg asked where does this put us within relation to the recommendations that was to go to the Board of Health? Shawn said draft rules for the February meeting have already been submitted. If a rule were to go forward to the Board of Health for March, we are still in the window for it to become effective in 2009.

Three or four years ago, Greg said this exact body approved this language for submission. The Health Commissioner's staff and the Governor's office asked that it be withdrawn informally so that something could be done in the interim to address this issue. Nothing has happened. Greg requested the council re-approve it in this format to forward to the Commissioner and the Board of Health so this issue can be addressed.

Jimmy Johnson stated that there are communities out there are intentionally choosing not to contract with a neighboring ambulance service because this rule states that they have to response to that area, and we need to fix that.

Bob Hawley stated there is an emergency. We have lost 52 ambulance services in the last 7 years. If the existing statute stands the way it is written today, Leflore County is surrounded by 3 private providers and in the last 15 years each one of those areas have gone thru 3 different ambulance services. Bob stated that the State Health Department has informed him that if Sallisaw goes out of business, which is a 45-minute drive, he will have to begin serving Sequoyah County. It is unfair to the taxpayers of Leflore County who chose to pay the money to provide services with in their county. If Haskell County and Latimer County go out of business, EMS of Leflore County then becomes that next closest ambulance service.

Bob said there is an emergency because Tulsa County 911 is here saying that people have died as a result of not having a defined service area. There are providers in this room that have been cited by the Health Department for not responding into these areas. The Health Department is mandating that we service these orphaned areas and not getting any money in return.

Steve Williamson asked about 310:641-3-120(c). If there is a closer ambulance service to a call in your jurisdiction it is your responsible to contact the nearest ambulance.

Shawn Rogers said this is a terrible rule, it's contradictory, it's difficult, and it's very hard to enforce. Some areas of the state feel its being used against them as a competitive tool, others feel it is being used against to require them to makes runs they do not want to make. This rule exists because an ambulance service in a small town declined to respond to a dying patient simply because they were on the wrong side of the road.

Shawn asked the council to think beyond the scope of this rule and address the larger issue of 911, service areas, and the public's expectation that when they pick up the phone and call for help, they will get the best most appropriate response. He strongly encouraged the council to form a subcommittee and take a serious look at the licensure rules on service areas and dispatch requirements and create a rule solution that will bring us all into alignment.

Jimmy Johnson asked what window of time do we have that we can possibly get this rule change through? Charles Broadway stated that we have to the initial draft to Kay Hulin in the Commissioner's office by December 2nd.

Greg Reid suggested a resolution to just delete 310:641-3-120(b) & (c). Susan stated that the way the agenda is written a motion cannot be made. This item is on the agenda as discussion only.

Paul Marmen made a motion to have a special meeting for discussion and action on 310:641-120 to take place before December 2, 2008 deadline. Greg Reid seconded the motion. Motion carried. The meeting is scheduled for Tuesday, November 25, 2008 at 11:00 am at EMSA – OKC.

Discussion and review of legal opinion on 310:641-5-11(4) License Qualification –

At the last meeting we submitted a rule change that would let the Department decline to issue a license on the basis of a candidate's having pleaded out to a felony. The question was: is this sufficient?

Charles Broadway stated that this existing rule is not sufficient to capture persons that may have committed these acts. The new proposed rule change would go perfectly because if they plead guilty but the conviction is deferred then it is not regarded as a conviction for that charge. This proposed language would bring in those individuals that have pleaded guilty, but are given a deferred sentence by the judge. If those individuals plead "no contest", the language on "other convictions or circumstances" might enable the Department to make further inquiry to see if there is sufficient evidence to warrant a denial of the application based on facts and circumstances.

Discussion and approval of the Emergency Medical Responder Letter / Card.

Susan Harper made the motion to approve the Emergency Medical Responder Letter/Card as submitted for approval. Ron Feller seconded the motion. Motion carried.

Approval of 2009 Meeting Dates:

Greg Reid made a motion to approve the 2009 meeting dates listed below. Clarence Fortney seconded the motion. Motion carried.

Thursday, February 19, 2009 at 1:00 pm
Thursday, May 21, 2009 at 1:00pm

Thursday, August 20, 2009 at 1:00pm
Thursday, November 12, 2009 at 1:00pm

New Business

Betty Roan stated: in your packet is some information about HealthChoice Insurance. HealthChoice is changing their contractor from Harrington to EDS as of the 1st of January. If you don't have a contract with HealthChoice you will only get paid 50%- with a contract you get paid 70% to 100%. If you have any questions you can call Betty. If you are having problems with Trailblazer, please let Betty know.

Public Comment

None

Meeting adjourned at 3:38 pm.

Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
November 25, 2008
Special Meeting

MINUTES

Members Present:

Phil Reid, Susan Harper, Gary Ligon, Mike Greene, Ron Feller, Greg Reid, Ernie Moore, Jimmy Johnson, Paul Marmen, Gina Riggs, Rebecca Smith, James Blocker, and Betty Roan

Members Not Present:

Kellie Swim, Clarence Fortney, Dr. Gerald Doeksen, Dr. Robert Salinas, Rick Bronson, and Jo Ann Cobble.

Staff Present:

Shawn Rogers, Sharon DellaVecchio, Lee Martin, and Patrice Greenawalt.

Guest Present:

Duke Haley, Medicus; Mark Dowler, Claremore Fire Department; Steve Van Horn, MESTA; Brandon Hankins, MESTA; Rick Langkamp, MESTA; Marion Blackwell, Stillwater Fire Department; Tom Bradley, Stillwater Fire Department; Stephen Willoughby, ACOG; Randy Feuerborn, Seiling EMS; Shara Feuerborn, Seiling EMS; Rodney Johnson; Ray Simpson, OEMTA; Bruce Kelley, Owasso Fire Department; Vicki Atchley, Tulsa 911; Carolyn White, ACOG 911; Peggy Stoller, ACOG 911; Richard Robinson, McClain Grady EMS; Eddie Sims, EMSSTAT; Klayn Hitt, Grady EMS District; Glenn Leland, EMSA; Joe Williams, Para Med; Mach Bighorse, CNEMS; David Boles, Integris Baptist EMS Miami; and Ann Singer, EMSA.

Mike Greene called the meeting to order at 11:04 am.

Shawn announced that there is a draft copy of the 1918 distribution rules and the death benefit beneficiary form on the table with the sign in sheet.

Discussion and possible action on O.A.C. 310:641-3-120 Operational Protocols:

Greg Reid stated that he would follow with the motion that he made at the last meeting, which would be to strike (b) and (c) of 310:641-3-120 and withdraw the suggested amendments as presented in the last meeting.

Shawn stated that in the packet is a copy of the last action taken by this council on this rule two years ago. It was withdrawn from the Board of Health agenda with the approval of the authors at the request of the Department. The previous action would have limited the duty to act to the primary service area of the ambulance service. The Department felt that it would not be supported and it would be seen as unacceptability taking away the public safety net.

Greg Reid made the motion again to strike (b) and (c) of 310:641-3-120 and renumber the section. Rebecca Smith seconded the motion. Opened for public comment.

Rodney Johnson, line medic, EMT and work in southwest Oklahoma. If this motion does pass the Board of Health and goes through the legislative process it will cost lives. There

are ambulance services that will not go into those areas. The questions Rodney asked of the Council:

1. If you strike (b) and (c) does this mean that an ambulance service doesn't even have the duty to act within their own regulated boundaries?
2. We all know that the system is under collapse, how close are we?
3. How many ambulance services will this affect right now?
4. How many ambulance services are going to go out next month, the next 6 months or in the next year?
5. What happens if you don't pass this now?

Paul Marmen stated he doesn't feel that the Board of Health is going to approve the proposal of striking this section of the rule. Their responsibility is for the safety and well being of the citizens of Oklahoma.

On the other side of that, maybe the certificate of need should be in place. If the impact is on the EMS services and a lot of the communities are aware of this duty to act respond then it should be put back on that community. If they are going to eliminate their EMS service, then they should have the responsibility to find alternatives. By creating a process by which a town wants to eliminate that service then they would have to notify someone and make other revisions for responds within their area before they actual shut their service down. Why does the Health Department or other EMS services in the state have the responsibility to go in there and the city/town has not responsibility at all.

Greg Reid stated what we see, what we have encouraged and has been practiced in the past is for communities to come together and decide what level of service, type of service and how much service they would like to have in there area and then takes steps to make sure that they have that. The community stepping forward and being active in making sure that they have service, but as the current rule exists if their neighboring community refuses to do that then the neighboring community benefits but they jeopardize the coverage that the primary community tried to achieve. This is where we have seen the problems and the origin for the steps to try to modify the rule.

As we discussed in our last meeting the rule in itself is very difficult to currently enforce. It is usually enforced after the fact. It leaves a lot of ambulance services getting input and recommendations that they have area beyond the district that was established for them to operate in and they have responsibility for should that situation arise. The easiest way to take care of this is to strike (b) and (c) of 310:641-3-120.

Jimmy Johnson asked, if a community were to dissolve their ambulance service is there a vehicle by which that community would be responsible to pay the fractural cost of providing ambulance by the neighboring community based on historical data meaning number of runs? Shawn stated that he doesn't believe that there is currently any mechanism for an ambulance service to bill a community for services.

Shawn commented on Paul Marmen's question from earlier. The reason this rules exists is because an ambulance service refused to leave their city limits to respond to a dying patient about 10 miles away. In response to that this council approved the rule that required ambulance service to provide care as the closest ambulance. It was never the intent to burden one community with another's financial needs; the intent was to ensure a reasonable respond to the patient.

Paul stated this council needs to come up with any option for the Board of Health to consider. The responsibility of covering a community should be put on that community. Right now they play no part in this, because they know that this rule says that someone will respond. If we continue down this path more and more services are going to go out of business.

Jimmy said that it appears that funding answer would have been lifting the cap on 522 districts but rural communities have no incentive there for them to pressure their legislator to vote for that piece of legislation, because currently they are receiving services and not having to pay for it.

Ron Feller stated that his concern with striking both (b) and (c) is the boundary issue, because without the duty to act can a service deny a 911 call within their own service area? Greg said it takes it off of the state rule and puts it to the individual community. This is very similar to what they do for fire and police protect.

Susan Harper stated that she was a very problem with striking this. The duty to act and the closest ambulance rule are in there for a reason. It's not whether the Board of Health is going to refuse that because it's a safety net, she refuses it because it is a safety for the public. The rule itself is poorly written and I understand the logic behind the fact that it puts an unfair burden on some services, but that is why we are there is to take care of our communities. Don't take away a safety net if you don't have a way to fix it.

Ann Singer with EMSA stated that the answer is out there and has been point out to many times, but on one is willing to act on and that is we must require the communities to provide an avenue for providing ambulance service to its citizens.

Russ Calhoun, Instructor at OSU/OKC, stated that he feels that we are missing inducement for communities to provide EMS services. There has to be a mandate that a community provides EMS services, whether they contract, or provide their own services. Russ agrees that we don't want to leave anyone uncared for but at the same time as we continue to require that the neighboring EMS respond to their neighbor with their last available unit and leaving the community that is funding their ambulance service uncovered is unfair to those EMS providers and those citizens. Russ suggested implementing a timeline for phasing in or out (b) and (c) of 310:641-3-120 and telling communities with the next year or two that if your community does not have a plan for EMS that the duty to act cause will not be in effect and the neighboring ambulance service is not obligated to respond.

Bob Hawley, Director of EMS of Leflore County stated when he brought this to ERSDAC it was because he had a community just south of him in Pushmataha County that the ambulance service closed. Pushmataha County has a 522 District just like Leflore County does and they contract with the Antlers Fire Department EMS to provide ambulance service. Antlers Fire Department decided they were not going to respond to the town of Clayton, even thru the citizens in that town pay for that ambulance service.

EMS of Leflore County went almost two years having to respond to the town of Clayton. Bob stated that didn't really think about the duty to act and the geographical boundaries until it came and knocked on his door. That is when he found his 1500 square miles increased to almost 2000 square miles with no increase in funding, with every limited reimbursement from those extra people we picked up. He can show 6 times in this past year where people that paid for his ambulance service to be in Leflore County did with out because we were in Pushmataha County providing services. Who responded to those 6 request for emergency medical care while his ambulance was down in Clayton, no one, they had to wait over an hour for an ambulance to come from the North end

of the county to get to those calls. The decision makers in Pushmataha County are the ones that hide behind this law.

Bob Hawley stated that he disagrees with what is being presented today at this meeting. We discussed at the OKAMA meeting was to add this other language that was presented at the last meeting.

David Boles, Director of Integris Baptist EMS in Miami, stated that the south end of his county is uncovered and we are obligated to provide service under the closest ambulance rule. We have a different situation in the northern end of his county, where Integris Baptist EMS contracts with a 522 District. There is ambulance service that has bought land and is getting ready to break ground about 1/8 of a mile from our district boundaries and by having this rule in place this ambulance would be the closest ambulance service to pick up a big portion of Integris' Baptist EMS primary coverage. David would like to recommend a rule change that would allow citizens and communities to set boundaries, establish those boundaries and holding people responsible for maintaining those boundaries.

Vicki Atchley, Tulsa 911, stated that there is nowhere that defines what a primary response area is and who establishes that primary response area. Section (e) states "that the State Department will provide a mapping of the area", the maps that she received from the Health Department did not show the primary response area. She stated that we have deeper problem then just the duty to act. We have the responsible to the citizens for the boundaries of the response areas. There is no way a 911 system can cover a dual response area, one address and one responder. She requested that the council would define a primary service area.

Betty asked Shawn does the State Health Department not set the boundaries for a service? Shawn replied no and they never have set them. This council passed a rule a couple of years ago requiring that is an ambulance service wishes to expand their service area and incorporate a new jurisdiction then that jurisdiction has to be willing to be served, but other than that the ambulance submits a map of the area they want to serve.

Rick Langkamp asked does the sole source rule supercede the closest ambulance rule? Shawn answered no. The sole source rule allows a community to close it market to other entities that might wish to establish an ambulance service but it doesn't take away the responsible of the ambulance service to response if they are the closest. Rick asked if an ambulance service opens 1/8 of mile outside of my sole source boundaries and now they are closer to some of my district then I am does that mean that have to be allowed to come into my county and provide service? Shawn stated that yes; you must call them and see if they are available to respond since they are the closest ambulance.

Greg Reid made a motion to strike (b) and (c) of O.A.C. 310:641-3-120. Rebecca Smith seconded the motion. Motion did not pass with a vote of 2-11.

Gina Riggs made a motion to take (b) from the 2006 proposal which reads as follows "(b)All licensed ambulance services shall respond when called to a request for emergency service within their primary service area, regardless of the patient's ability to pay ~~or of the geographical funding district or boundaries.~~ Ron Feller seconded the motion.

Shawn commented the effect of that change would be the same as the problem addressed earlier that an ambulance service within its own service area could decline to respond to a neighboring community because it was outside their service area.

Jimmy Johnson stated that he liked the idea that Russ Calhoun brought up earlier about putting some kind of timeline in the rule to bring everyone into compliance on providing EMS to their community or county. Gina Riggs stated that is will to amend the previous motion to include a timeline. Jimmy stated he would like to see a stated date that everyone will be responsible to

provide EMS for his or her community. Ron Feller states that the State Health Department – EMS Division regulates ambulance services not communities, so he thinks we cannot put any requirement on a community within these rules.

Susan Harper stated we need to slow down. We need a subcommittee that will do nothing but write this up, see what needs to be done legislatively to ensure that we are not pushing anyone to quick or too fast. She stated she understand the issues are important and they are a timely issue now but it is not something that we can just fix tomorrow.

Betty Road asked why couldn't this Council not find some people to work on this and take it the Public Safety committee of the legislation. She stated this a public safety issue. We have a right as citizens of Oklahoma to go before that committee.

Mike Greene stated lets but Betty in charge of the subcommittee and anyone interest in being on the committee contact Betty and we will put it on the agenda for the next meeting.

Gina Riggs rescinded her earlier motion.

Meeting adjourned at 1:17 pm

**Oklahoma State Department of Health
Emergency Response Systems Development Advisory Council
March 24, 2008**

MINUTES

Members Present:

Phil Reid, Susan Harper, Mike Greene, Clarence Fortney, Ron Feller, Greg Reid, Jimmy Johnson, Paul Marmen, Gina Riggs, Rebecca Smith, James Blocker, Betty Roan, and Jo Ann Cobble.

Members not present:

Kellie Swim, Gary Ligon, Ernie Moore, Dr. Gerald Doeksen, Dr. Robert Salinas, and Rick Bronson

Staff Present:

Sharon DellaVecchio, Shawn Rogers, and Robert Irby

Guest Present:

Tim Pickering, Michelle Moore, Mike Paston, Heather Wedeman, James Koch, Kyle Pruitt, Sherri Givens, Leaugeay Barnes, Stacy Morton, Rodney Johnson, Ned Gray, Susan Cook, Jordan Stevens, and Sean Lauderdale,

Mike Greene called the meeting to order at 2:38 pm.

Mike Greene welcomed new member Jo Ann Cobble to the council.

Ron Feller made a motion to approve the November 15, 2007 minutes as they stand. Gina Riggs seconded the motion. Motion carried.

EMS Division Update: Shawn Rogers

Data System:

Highway Safety Grant: The grant that the Health Department has received for new EMS Data system software has finally been issued as a PO to a vendor, ImageTrend. EMS staff will have the first scheduled meeting with them tomorrow to begin the process of moving to a new, National EMS Information System requirements (NEMSIS)-compliant data system. While there are problems finding laptops for the pilot project we proposed, Oklahoma will soon be able to submit data to NEMSIS.

NEMSIS Update: We hope to be fully implemented by January 1, 2009 with the new data system using the new run report form. We are up nationally to about 11 states submitting NEMSIS data. We will not combine the old and new databases.

Legislative Update: EMS was mentioned in the Governor's State of the State Address this year and EMS was also in the Governor's budget for the amount of \$2.26 million. A Board of Health Resolution was approved at the March 7th meeting that characterizes the crisis that EMS is facing as a "public health emergency" The OERSDAC packet has copies of the bills that are currently before the legislature.

HB2693, Representative Roan's death benefits bill, passed the House with a vote of 99-0.

Shawn stated that we had a great turn out today at the Capitol for Legislative Day.

Terrorism Preparedness Grant: The Emergency Medical Response Systems (RMRS) project in the Northwest part of the Oklahoma is working out well. The EMS package plan and the Assistant Secretary for Preparedness and Response (ASPR) grant are being issued and the allocations have been made for the response trailers.

Applications for members of the response teams have been mailed out, but we haven't gotten a huge response as of yet. Mike Greene asked if there was any idea about the staffing for the trailers? Shawn stated that the trailer request for proposals asked for a commitment to support regional teams, and we hope to see more applications soon.

Trauma Update: Shawn Rogers stated that the next trauma fund disbursement is under way. They have re-retained the consultant used before to analyze the effectiveness of the trauma fund disbursement to look at that issue again. They are not sure the way the trauma fund is currently being deployed helps much in some areas. \$26 million per year is distributed to hospitals and ambulance services for the un-reimbursed cost of their operations. Most of that money goes to the Hospitals- only about a million dollars goes to EMS, and about \$900,000 of that goes to air ambulance providers.

EMSC Update – Paul Marmen:

Paul Marmen distributed a copy of the Pediatric Emergency Medical Care Readiness of EMS survey. Paul Marmen stated that the last meeting he talked about the results from the hospital survey and then the potential that we would have to change our survey tools for both hospitals and EMS. This change has

taken place. 55% of the EMS services responded to the current survey. The hospital survey is still dismal. Paul stated it is very difficult to contact the hospital to find out who the decision makers are for the hospital. Stacy Morton, EMS Coordinator for the EMSC, has worked very hard to contact each facility.

The main focus for the EMSC hospital survey is readiness to care for pediatrics patients. If an EMS service brings in a patient, what level of care can they provide? Do they have transfer agreements with higher facilities? A lot of them have responded they do not have agreements in place. They are also not very aware of what level of EMS service their local ambulance service provides.

Every EMS service that responded to the survey qualifies for the chance to win \$1,000.00 of medical equipment. Paul stated the EMS questionnaire addresses the issues of equipment and pediatric online and offline medical direction. It will give us tremendous information. The data that Oklahoma provides through our surveys will be compiled to give us a national picture of our readiness to care for pediatric patients.

Sub-committee Reports:

Training and Licensure – Paul Marmen:

The training and licensure subcommittee meet last Friday. Dr. David Gordon, Professor and Chairman of the Department of Neurology at the OU Health Science Center, gave a presentation on the new Stroke protocol.

Initially the intent was to mandate it into Oklahoma EMT Curriculum. Our current paramedic curriculum was written in 1999 and our Basic curriculum was written in 1995; those are certainly old teaching tools. As our research and knowledge of stroke progresses, new protocols and stroke assessment techniques need to be added into curriculum. We should be teaching the current standard of care.

We talked about how to assess the American Stroke Life Support Course (ASLS), both the provider course and the instructor course. The plan is to require ASLS in the instructor renewal course for the next two years so that we build up a network of instructors. This will take care of half of the CEU for instructors. The question is if it be accessible to those EMS instructors - hopefully it will be, through different funding sources. The draft proposal for the new protocol will be deferred to the Medical Director Sub-committee.

Shawn Rogers is going to review the Stroke Alert Prehospital Checklist to see how many data elements in this document are in the new EMS run report. If approved by the Medical Direction Sub-committee there may be some required additions to the new run report.

Several courses will be offered; there is one next week at OU on April 2nd. There is a hospital course and a break out EMS course. Gina Riggs asked: how much does that cost? Paul Marmen stated that if you were to put the ASLS course on it would cost you \$1,000.00 to get all the materials and the books, because Miami owns it. Once you pay the fee the books and materials are yours to keep. Paul stated that the OEMTA is looking purchase it to put on a course at Medic Update in July. Ron Feller asked does that mean that the educators that teach the refreshers will have to get the initial course and then find an instructor course before they could included in their refresher. Paul stated that is correct.

Shawn Rogers stated that he would like to frame this issue in terms of it severity. Oklahoma is 6th in the nation in terms of frequencies of strokes. We have an especially severe stroke problem in the Southwest part of the State. Currently one tenth of one percent of eligible strokes are being treated, because we don't have designated stroke centers, stroke protocols for EMS, and the other pieces of stroke system. The Hospital Advisory Council (HAC) is currently looking at modified rules which identify primary stroke centers in Oklahoma.

The committee reviewed a request to allow intermediates to do interfacility transfers with IV's with medications. There is already a process in place to approve special skills, and Shawn Rogers is to send a letter to the inquiring service advising them of the process. They will need to write protocols, a training plan and a QI plan before the medical direction subcommittee can review the proposal.

Paul noted that back in 2006, several EMS schools advised OERSDAC that they were not able to get live intubations in their training programs. The Training and Licensure subcommittee reviewed that issue to see if could come up with a remedy and created a curriculum that allows an alternative method.

In the national standard curriculum psychomotor skills requirements, paramedics must have 5 live intubations. There are no individual competency or number requirement for intermediates; they just have to do 32 hours of oral clinicals. We created the alternative allowing schools were to submit their plan for other methods of showing competency, whether they were going to do 25 intubations on a mannequin or however they were going to show competency. As of this date no school has applied for that exemption.

Paul requested that this alternative be pulled off the table so now all schools will have to have 5 live intubations. Paul stated that Shawn Rogers will be sending out a letter to the training institutions saying that if you cannot get 5 live intubations you need to submit a plan to show the competency without 5 live intubations. Paul stated they would look at it again at the next meeting.

Communications – Mike Greene:

Did not meet this quarter.

Data – Everything was discussed earlier in the meeting with Shawn Roger's EMS update report.

Medical Direction – They are looking at the standards for medical directors. Dr. Cathey is in the process of doing a statewide survey. He is calling all medical directors to ascertain what level of commitment they provide to their ambulance service, what kind of review process are they doing, and whether they are being paid or not. This committee is looking into whether the standards for medical directors should be raised.

They are also looking at the possibility of an expert medical director group to look at revised state protocols and possibly requiring all ambulance services to use the same protocols.

Air Ambulance – Clarence Fortney

Discussion and possible approval of proposed rule changes:

Part 7 – Air Ambulance:

310:641-3-31

310:641-3-32

310:641-3-36

310:641-3-37

310:641-3-39

Clarence Fortney went over the proposed air ambulance rules. The council decided to table the vote until the next meeting, as all chapters were not listed on the agenda for approval.

Part 9 – Specialty Care:

Shawn Rogers presented the draft language he promised at the last meeting. This is essentially the Texas standard, modified to fit our rule format. The goal of this is to provide a more precise definition of the required procedures to qualify for specialty care transport.

Greg Reid stated that he would like reiterate that he brought this up in the last meeting and expressed the need both for enforcement and because CMS says they will follow each State's definition of specialty care for reimbursement. Greg stated that since he had talked to Shawn and he was the one that had recommended that we follow the Texas definition, but since he did some further research on their definition and it is more restrictive than what CMS defines as specialty care. In talking with others, if we are more restrictive it is more likely

that CMS will be more restrictive than they would normally be, so he would suggest some modifications to this and offer those if we could table this until the next meeting.

Gina Riggs asked Greg if he could give some samples of the modifications that he is talking about? Greg stated that in the proposed 310:641-3-45(f) "Required Training for Specialty Care Paramedic", CMS requires education and training above and beyond the national blueprint paramedic curriculum. If we go into requiring certain certifications that would exclude people that had additional training. It would also restrict local educational facilities and service from developing their own additional training. The recommendation from National Associations is to document well what the course work was, the competencies used to verify it, and the ongoing verification of knowledge. We want to recognize the existing certifications but not restrict to just those certifications.

Ron Feller stated there is one thing that does save you and that is where it says, "completion of a Department approved ...". So if you developed your own course and the Department approved it you would still be ok.

Rebecca Smith made the suggestion that on the proposed rule change on (d) that "EMT Basic" be changed to "Emergency Medical Responder (EMR)". Greg stated as long as that is consistent with the staffing rule. Rebecca stated that also (e) that "EMT Basic" be changed to "Emergency Medical Responder (EMR) and currently licensed paramedic", if you leave paramedic in there some of these people that don't have paramedic they are not going to qualify. Gina stated that we are only addressing Specialty licensed transport services. Greg Reid stated that this does not just address them.

Shawn stated that this section 310:641-3-40 pertains to a part in specialty care licensure. Gina stated that she feels that they are talking about two totally different things. Greg wanted to clarify that 310:641-3-40 and 3-45 is the section on Specialty Care Licenses. Shawn stated that is correct. Greg asked if this would establish a definition of specialty care? Shawn stated that is under Definitions 310:641-3-2 which states "Specialty Care Transports means interfacility transfers or critically ill or injured patients requiring specialized interventions, monitoring and/or staffing". This definition is not in our current rules. "Transfers performed by ambulance services not licensed as a specialty care unit", could be added to definitions, but it would be an extensive definition. We could put the whole qualifying requirements in definitions instead of under the specialty care licensure requirements.

Gina Riggs asked if we could refer this to the training and licensure subcommittee; she would like to look at this since she works for a licensed specialty care service and get their input on this matter. Mike Greene stated that

we will refer this back to the training and licensure subcommittee and report back to this council at the next meeting.

Public Comment:

Rodney Johnson asked how he could get a copy of the materials proposed at this meeting. Shawn Rogers informed everyone that this meeting falls under the Open Meetings Act and copies of all materials are available at the Health Department – EMS Division.

Mike Paston with Aerocare Medical Transport out of Tulsa and he wanted to inform the council that they have formed an Oklahoma Subchapter of the Association of Air Medical Services. Basically it is a combination of all the air ambulance services licensed in the State. Their 3rd meeting is tomorrow.

Jimmy Johnson made a motion to adjourn the meeting. Gina Riggs seconded the motion. Motion carried. Meeting adjourned at 3:57 pm.

MINUTES

Mike Greene called the meeting to order at 1:09 pm

Members Present:

Mike Greene, Clarence Fortney, Phil Reid, Gina Riggs, Paul Marmen, Susan Harper, Ron Feller, James Blocker, Jo Ann Cobble, Rebecca Smith, Betty Roan, Jimmy Johnson, and Rick Bronson

Members Not Present:

Kellie Swim, Gary Ligon, Greg Reid, Ernie Moore, Dr. Gerald Doeksen, and Dr. Robert Salinas

Staff Present:

Sharon DellaVecchio, Shawn Rogers, and Lynda Williams

Guest Present:

Ted Thimling, Sean Lauderdale, Ned Gray, and Klayn Hitt

Gina Riggs made the motion to approve the minutes with no changes. Jo Ann Cobble seconded the motion. Motion carried.

EMS Division Update - Shawn Rogers

a. Data System – Lynda Williams

The new data system is up and running. We have provided laptop training to two (2) agencies, Johnston County EMS and Comanche County Memorial Hospital EMS. Johnston County EMS has already begun to submit runs into the new system. Lynda stated that we are working on purchasing laptops or tablets. When we do purchase the laptops we will provide training hopefully in the month of June. Everyone will have to enter their crew's information into the data system. We are asking that each service provide us with an email address. We do not have a scheduled set, but we gradually start phasing everyone into the pilot project.

Shawn stated that once the pilot project has collected the data that we need they we start adding other agencies statewide. Susan Harper asked how long is the pilot project until we starting rolling in the rest of the state? We will have 3 months or 6 months to work out the bugs. Shawn stated we were looking probably 3 months. Lynda stated that a lot of the bugs are already being worked out by Johnston County EMS. As things are coming up we are dealing with them immediately so by the time we start rolling out to the other service some of them will have been worked out.

b. Legislative Update – Jimmy Johnson / Betty Roan

HB2693 passed. The ceremonial bill signing will be Tuesday, May 20, 2008 at 10:30 am in the Governor's Blue Room.

HJR1014 came out of the house committee with two changes. They put the 10-mil cap on it and the county treasurer has to certify that there is a need to increase the levy. It will have to go to the vote of the people and we need to educate the metro area on how important this is to the rural services because this is where a majority of your votes will come from.

Jimmy Johnson was in Washington DC last week at the Star's of Life event. There is a \$303,000 per incident Public Safety Officers benefit that would match what our partners in the industry, fire and police, are receiving and it would go to EMS. Congressman Ellison is the sponsor of that bill. There is a companion bill out of the Senate. There is a 5% across the board medicare increase. It would be a two (2) year temporary until a long-term solution came around. The message to congress is that is not really an increase all it is doing is replacing monies that we had in temporary relieve that phases out this year. There is also a Federal fuel tax exemption bill.

c. **EMS Week**

EMS Recognition Ceremony is going to be Wednesday, May 21st at 11:00 am on the South Steps of the Capitol. Dr. Crutcher, Commissioner of Health, Dr. Mike Crutcher will be speaking and Lt. Governor Geri Adkins. We will be recognizing Medics who have gone above and beyond.

d. **Terrorism Preparedness Grants**

i. **Regional Medical Response Systems** – This is a grant providing medical direction, emergency medical dispatch and coordination through an emergency medical response center. This program is going well. The Medical Director, Dr. Michael Ogle, has eleven (11) ambulance services and at least five (5) emergency medical response agencies. The EMD operation has ten (10) agencies that are participating in emergency medical dispatch.

ii. **REMSS & ASPR grant** –

REMSS - We have received about forty (40) emergency response team applications. We are looking to organize about twenty (20) teams to provide regional EMS response on very short notice.

Assist Secretary for Preparedness Response (ASPR) grant - Went out on very short window from State purchasing. We had seventeen (17) agencies apply. Those grant recipients will be announced at the end of June. The Office of Homeland Security is scoring these applications. Susan Harper asked when the announcement would be on the response trailers? Shawn stated he thought they would be simultaneously.

I. **Trauma Update – Shawn Rogers**

a. **Statewide System Update** – There are some handouts in the your packets that Patrice put together about the trauma fund and upcoming OTSIDAC and CQI meetings.

The trauma leadership meeting was at the end of February and we are looking at inter-regional issues. The CQI committees are active in regions and most of them have begun hearing cases. If you have noticed that on EMSYSTEMS there are two new columns, CT Scan and Hand. We are moving thought being

able to identify stroke ready facilities. There are proposed rules going to the Board of Health to determine the two levels of stroke readiness to get patients to those facilities and have IV medication administration within one hour of arrival in the ED.

- b. **Trauma Fund disbursal** – You have a handout of the breakdown of the last distribution in April. Trauma is currently working on the next distribution. This last disbursal total about 8 million, 7.6 million was hospitals, about half a million was EMS and 369,000 was physician. The top 10 EMS recipients for the trauma fund continue to be the air ambulance providers. Ground ambulance providers continue to receive less than half a percent of the funds.

Patrice stated that Bishop and Associates presented at OTSIDAC about alternative distribution methodology to make it easier for EMS agencies and for physicians. They all discussed how to distribute the monies differently and potentially more equitably, because if you will notice that most of the disbursement went to the air ambulance services.

EMSC Update- Paul Marmen

Paul Marmen will summarize the data from the survey and will get that information to the Health Department. 84% of the ambulance services responded and only 45% of the hospitals responded.

EMSC will be hosting an event at the Capitol on May 21st for EMSC Day. They are bringing in about 30-40 kids from the YMCA daycare and we will have some fun events and games with them.

The last couple of weeks we have sent out our Children with Special Health Care Needs Continuing Education packet to all the EMS services and all the EMS training institutions.

Sub-committee reports:

- a. **Training & Licensure – Paul Marmen**

This committee met yesterday. They discussed distance learning adhoc committee and Gina Riggs will give an update from that committee. Gina Riggs stated they worked on some guidelines to go into the rules on distance education and online training. OSU has an online program that we are going to try a pilot test in the fall around August. They are working on trying to get that submitted to the Health Department. Paul stated that the concern was reading from the National Registry on how they would view the online programs which was that you had to be a resident of Oklahoma to use them if you were not you had to get approval from the state you are a current resident.

Eddie gave a report of the pass/fail ratio in Oklahoma and we are below the national average. An adhoc committee was established to look at what we can do to assist institutions or rational why our pass/fail ratio is as bad as it is. Several things will be looked at some state have adopted some required testing before the individual goes to the National Registry testing, which seems to have raised their pass rate. The career tech is setting up a task force to also look at this. Initially, our intent was to send out a survey to all the training institutions and we will be analyzing the data from that.

There was discussion on changing the date of Oklahoma license renewal, which is now March 31 of each year. The reading of the statement in the rules and regulations, the interruption from the Health Department's legal division is that on the 1st of April if you do not have your license in hand you don't have a license. To look at easing that situation there was discussion that we change the date of the Oklahoma license to May 31 or June 30, so that individual would have time to file their National Registry and file their Oklahoma license information.

Rick Bronson stated that we should allow for the National Registry to be the screening tool for renewal of your license where all you would have to do is submit a short renewal form and a copy of your National Registry card then you would receive your Oklahoma license.

Shawn Rogers is to put some language together to allow a grace period on the renewal of an EMT license and language to allow for the Department to renew a license based on their National Registry card.

We also discussed the need for air transport and the committee referred that to Oklahoma Trauma Systems Improvement and Development Advisory Council (OTSIDAC).

b. Communications – Mike Greene

This committee met this morning. They are reviewing the State Wide EMS Communication Plan. Shawn Rogers stated that we discussed the State Wide Communication Plan in the context of the State Interoperability Plan and the National Initiatives that are pending. There are several national technically initiatives that are bearing down on us that will have effect on our EMS communications. The state is trying to incorporate all those federal mandates under the State's Homeland Security Interoperability Plan. We have the technical experts on the committee to prepare summary that will take us from our current technical requirements into the next upcoming technical requirements as we understand them.

Also discussed were the serious deficiencies that we face in many areas of the state with our dispatch communications. Many areas of the state have very poor coordination of resources. The State EMS office intends to do a summary assessment of the State EMS Dispatch in Oklahoma.

c. Data Sub-committee – Lynda Williams

Gave report earlier in the meeting.

d. Medical Direction - Dr. Cathey

Dr. Cathey gave a power point presentation over Medical Direction for Oklahoma EMS providers. We need to find out what is really going on out there where medical direction is concern. This presentation comes from information provided in a telephone survey to each EMS medical director in the State.

e. Air Ambulance – Clarence Fortney

Did not meet this quarter.

Public Comment

Ted Thimling – Ellis County EMS is hurting for personnel. They are hurting for drivers, because the rule requirements that the driver must be a certified first responders or a licensed medic. He is here to appeal to allow volunteer services to use firefighter as driver instead of a licensed medic as long as the firefighter has a driver's course. Shawn Rogers will send a letter letting them know they can use a firefighter.

Meeting Adjourned at 3:15

MINUTES

Members Present:

Phil Reid, Kellie Swim, Susan Harper, Gary Ligon, Mike Greene, Ron Feller, Greg Reid, Ernie Moore, Jimmy Johnson, Paul Marmen, Gina Riggs, Rebecca Smith, James Blocker, Betty Roan, Rick Bronson and Jo Ann Cobble.

Members Not Present:

Clarence Fortney, Dr. Gerald Doeksen, and Dr. Robert Salinas

Guest Present:

Sara Richmond, Joyce Armes, Sean Lauderdale, Bob Hawley, Sarah Johnson, Steve Nguyen, Klayn Hitt, Nathan Dilley.

Staff Present:

Sharon DellaVecchio and Shawn Rogers

Mike Greene called the meeting to order at 1:11 pm

Jo Ann Cobble made the motion to approve the minutes with no charges. Susan Harper seconded the motion. Motion carried.

Moved Public Comment up on the agenda to accommodate Bob Hawley, who needed to leave very soon. Bob stated there are two things that he is concerned about.

The first is requiring medical directors across the state to have mandatory training. He said most of the medical directors are over worked and not paid at all and if we required them to have mandatory training we are going to end up shutting down some more ambulance services.

Bob Hawley said he had requested to revisit the closest ambulance rule or the "Duty to Act" rule. Leflore County's 522 Board sent a letter to the State Health Department asking that this be brought up at the earliest convenience. He said his concern is that this rule in itself is going to cause additional ambulance services to close. In Bob's part of Oklahoma he is surrounded by private providers and if another private provider decides one morning that they can no longer provide service the way the statute is written and according to Shawn, Bob would be required to pick up the additional coverage area, and he cannot afford to do that. He stated that he has been covering northern Pushmataha County for two years now, and last year while his ambulance was in northern Pushmataha County making calls twelve (12) residents in Southern Leflore County had to wait over an hour for an ambulance. Bob said that is unfair to their taxpayers and their supports. Bob stated that he agrees that we have a moral obligation to cover orphaned areas but doesn't think we should be mandated to do it.

Bob asked that this committee revisit the closest ambulance rule and get it modified. Rick Bronson made the motion to put the closest ambulance rule on the November agenda for review and discussion. Kellie Swim seconded the motion. Motion carried.

Bob stated that anytime we pass a rule it has a funding impact somewhere. Bob asked the committee to be very careful on these rules. Every new regulation, regardless of what it is, has an end cost. He asked that you please watch the end cost, that they are all hurting out there.

EMS Division Update - Shawn Rogers

Data System – Shawn stated that the data system is progressing well. The pilot project is launched. There are 25 participants identified and we have distributed tablet computers to these participants. Some of the providers will record their runs on the tablets and some of them will record them on paper forms and then enter them into the system later. We will compare the input of those two groups on key indicators and determine whether or not tablets improve the accuracy and completeness of their submissions.

As a result of the grant program we were able to buy a new statewide data repository from a commercial vendor, Image Trend. It is a “state of the art” data system that is compliant with the National EMS Information System (NEMSIS) requirements. We have had 6 trainings so far and we are planning to have at least one in every region so we can make sure every provider has the opportunity to attend a training and learn about the system. The Department’s deadline is for everyone in the state to be reporting to this new system by January 1, 2009.

Greg asked if you have a date on when the definitions and the data points will be available so they can be given to our data vendors? Shawn stated that he has the data dictionary available now, but we are waiting on the schema from Image Trend. Image Trend has stated they will have it available on August 22, 2008. Greg asked at what point will we declare or adjust the January 1 date as in reference to what is required of the providers for submission to allow for the appropriate time from the delivery date of the schema? Shawn stated that he doubts that we will change the date. We may relax the requirement for the Oklahoma fields if we can’t get the schema out in a reasonable time.

Greg stated that he wanted to make the council aware of the information that he had learned in relation to the Oklahoma fields. He was been advised by two (2) of the vendors that are currently serving providers in Oklahoma and has also confirmed with providers in surrounding states that in their experience the NEMSIS data set is completely and easily satisfied. Image Trend and most of the major providers here in the state already have the ability to capture all of the NEMSIS datasets up to the “silver” and in some cases “gold” level. When additional data fields and data points beyond NEMSIS are required, however, the vendors must build custom software and a customized “bridge”. In some cases they have to do that individually for each one of their providers. It takes them time and they require payment for that, so there will be an extra financial burden on each of the providers that using that alternative to submit their data.

Greg recommended that we establish some sort of process for adding data points and data fields. Someone needs to off-set the cost of doing that, and a process needs to validate whether or not those data fields are necessary vs. just something that would be interesting to look at.

Shawn replied that the trauma registry process required most of the non-NEMSIS fields. Data is critical in identifying the areas we can improve in trauma care. Shawn believes we must collect those fields even if they are non-NEMSIS. There are a few fields like STEMI and Stroke that are non-NEMSIS and for which we do not have a process yet, so Shawn thinks OSDH-EMS would be more willing to negotiate on those.

Legislative Update - SB1918 was passed during the last session, identifying up \$2.5 million in new development money- the first such money in the state of Oklahoma since 1977 EMS Systems Act ran out. This has brought a firestorm of input on how that money should be spent. We have people that we have never heard from before coming to the table giving their input. The Department is planning an “open mic” style meeting at the end of September to launch the process of the determining what the fund rules will be like. We are sending out

invitations to all the EMS groups, Fire Fighter groups and anyone else we think might have an interest in this.

The fund is predicated on additional collections from cigarette taxes as a result of the Indian smoke shop compacts. The first \$2.5 million money beyond last year's trauma fund allocation goes to the EMS development fund. The legislation says it is to be expended for the purposes of assessment activities, stabilization and reorganization of at risk emergency medical services, development of regional emergency medical services, training for emergency medical directors, access to training for frontline emergency medical personnel and capital input and needs.

Terrorism Preparedness Grants

The Regional Medical Response System (RMRS) is working well in the NW region. There are 13 agencies using the regional medical director under this grant. We have about 9-10 agencies that are receiving emergency medical dispatch services through the contract with the Northern Oklahoma Development Authority (NODA). As the contractor, NODA is also responsible for setting up a Medical Emergency Response Center (MERC) for the Northwest part of the state. This gives us four (4) MERCs in the state: Oklahoma City, Tulsa, Lawton, and now Enid.

REMSS & ASPR grant – We have about 200 applicants for the statewide emergency response teams. The EMS response trailers funded by Homeland Security Office have been purchased and the list of recipients of those trailers has been released.

Shawn said we have not heard anything on who the recipients are for the \$900,000 ASPR grant for agencies to improve their disaster readiness. Susan Harper said she had been notified that her agency had received almost \$50,000.

Trauma Update: - Patrice Greenawalt

Trauma Fund disbursal – Trauma Fund checks to be disbursed in September. The next claim period for July – December 2007 is in process now. The submission deadline for EMS providers is in November and the web page should be updated soon with this information.

Gina Riggs asked if there are any plans to redo the trauma triage training program and updating it? Patrice stated they are in the process of doing that right now. Shawn is working with the disaster institute to update that.

Patrice should be receiving a report from Bishop and Associates in the next month or so looking at how the trauma fund is disbursed. They are giving the trauma division ideas on how to buy the system we want, rather than putting money into a system that continues not to improve all areas. Patrice believes that we will see changes in the physician disbursement plan because they are not satisfied. We will probably see changes in how money is disbursed to EMS providers because need to find a way to make things more equal.

We have made a minor change in the trauma triage algorithm for burn patients that probably affects EMS more than anyone else. When OTISDAC was looking at where burn patients are directed in our state, we were aware of Hillcrest and Baptist, and we also knew the Children's still treats pediatric burn patients even though their burn unit closed. We had a meeting with the burn center directors to talk about where pediatric patients should go. We made some changes to allow for burn patients with significant burns –over 10% of body surface area – AND trauma to go to the trauma center. Burn patients without major trauma will go to burn centers: Hillcrest and Baptist for adults and Children's for pediatric burns patients 16 years of age and under.

We encourage everyone to make their staff aware that they must call TReC when incoming into to Region 7 –Tulsa- and Region 8 – Oklahoma City with trauma patients. We are seeing an improvement but Patrice knows a lot of calls are not coming in. They are able to match those calls with existing records.

We plan to consolidate the Trauma Referral Centers (TReC) into one center for the state. It will be more efficient in terms of staff and it will facilitate moving patients to a higher level of care, first within the originating region if that is appropriate, or to Oklahoma City or Tulsa where the greatest volume of resources are available.

EMSC Update- Paul Marmen

Paul provided a handout showing the data that was received from the survey they sent out on regarding the pediatric equipment. They broke it down into BLS, Intermediate and ALS. The pediatric equipment list was based on the American College of Emergency Physicians and the American Academy of Pediatrics recommendations. We put the data together - it is not absolutely clean yet, so what you will see is a draft. This is self-reported data - what are we to do with 12% of the services that reported that they did not even have adult non-rebreather masks? What we have highlighted here is what they have and don't have. The graph indicates the top 10 missing items.

They sent information out to 94 BLS services and 52 responded. The other part of that data survey was to ask services if they have pediatric online and offline medical control. Only 4% of those surveyed had both online and offline pediatric medical control.

We have also done a needs assessment survey asking EMT's at Medic Update what their needs were regarding pediatrics. We surveyed 61 people, which is a huge sample. One of the questions was "do you feel pediatric CME hours should be required to maintain your pediatric skills?" 59 of the 61 answered "yes". Paul said we should go back to the table and ask for specific pediatric continuing education.

Sub-committee reports:

Training & Licensure – Paul Marmen

They met August 20, 2008. Many Emergency Medical Responders (EMRs) in Oklahoma take a CareerTech examination, and since it has been established the Department has been keeping a registry of Emergency Medical Responder. As they pass the exam at the CareerTech the Department could send a letter stating they passed and have a card attached to the bottom, or we could make the CareerTech responsible for this. The recommendation from the Training and Licensure is that we need emergency medical responders to have some sort of a card or certificate.

EMRs are not covered by the new line-of-duty death benefit. If they were working for an ambulance service and they died when their unit crashed in the line of duty their families would get nothing. We understand there would have to be at least a one-time contribution made by that individual. When they take the test and it comes to the Health Department and they send them out the letter/card, at the bottom of the letter there could be a voluntary \$10.00 fee. Betty Roan stated that EMR were intentionally left out because there was no way to track them.

Shawn Rogers stated that the Department is keeping a registry. Susan Harper stated that she has an issue with the Department's registration. She stated that she has 4 new EMR's working at her service and it is mandatory that we keep copies of their licenses on the unit. We don't have one for the new EMR's and they are being told if they don't have their license they will not be allowed into the hospital. She stated she has people on her crew that have no identifier to say that they are anybody.

Gina Riggs made the motion that the OSDH – EMS Division provide a letter/card to all registered Emergency Medical Responders retroactive to January 1, 2008. Susan Harper seconded the motion. Motion carried.

The Distance Learning – Gina Riggs

The committee asked that the Department evaluate the OCCC Pilot project for Distance Learning. The first class started this week and there are 14 students enrolled in the course. The committee wants to make sure since it is a pilot program that the state looks at it really hard.

Paul stated another educational issue is that State Career Tech has tests for each one of the EMS levels. Several of the schools and Career Tech have been using those as additional evaluation tools and some are even using them as their final exam. The results of that closely mirror the national registry data. It is a good evaluation tool. The committee thought we could recommend that the EMS Division suggest to Dr. Birkenbile that we encourage some of the smaller rural schools use the test. Paul said the Department agreed to send a letter to Dr. Birkenbile that they were fully in support of the use of this test and other schools should start using it.

There was a request that the National Registry Practical exam start moving across the state to different locations. People can throw their hat in the ring that have the resources to conduct the exam. The Department is going to look at that opportunity thru the contract that they have currently with Eastern Oklahoma County Tech to see if that can be rewritten to create some of the diversity that we are looking for.

Communications – Mike Greene

The committee received a great presentation from James Mullins with EMSA, who is working on the State Interoperability Plan with Homeland Security. This is a large scope effort to bring all public safety providers into the fold of interoperability and to establish operational and technical standards for those providers. They are about to launch a statewide assessment of communication resources for police, fire and EMS. As a result of that assessment we hope to have a good picture of the state of EMS dispatch in Oklahoma in the context of statewide public safety interoperability communications. They mentioned several communications options that could improve interoperability at a low cost for providers. For example, chips can be installed in radios that will make it possible for them to communicate with other interoperable radios no matter what band they are operating on.

The Homeland Security office will be coming to different regions in the state to give this same presentation. Shawn stated there is a lot interest at the federal level in improving interoperability.

One other issue discussed was the near absence of operations-level communication drills across the state. Shawn suggested that any state interoperability plan should include frequent operational drills to ensure that everyone knows how to use their radios in the context of an incident requiring the establishment of an incident command structure.

Medical Direction- Shawn Rogers

Did not meet due to a lack of a quorum.

Discussion and possible approval of proposed rule changes

Subchapter 3. Ambulance Services

Part 1. General Provisions

310:641-3-2 Definitions – with the discussed changes, striking and adding. Gina made the motion to add with change. Susan Harper seconded the motion. Motion carried.

Part 7. Air Ambulances

310:641-3-31 Air Medical Service
310:641-3-32 Air Ambulance vehicles
310:641-3-33 Air Ambulance Equipment
310:641-3-34 Air ambulance medical staffing
310:641-3-35 Air medical director
310:641-3-36 Operational protocols
310:641-3-37 Communications
310:641-3-38 Aircraft utilization
310:641-3-39 Rotorwing standards – certificate of the aircraft operator
Greg Reid made the motion to approve as is. Jimmy Johnson seconded the motion. Motion carried.

Part 9. Specialty Care

310:641-3-43 Personnel - Betty Roan made the motion to approve as is. Kellie Swim seconded the motion. Motion carried.

Part 11. Medical Control

310:641-3-50 Requirements –Rick Bronson made the motion that we approve with the following changes. (c)(1) change National to Advanced and change NDLS to ADLS and table (c)(2) til next meeting.

Part 19. Inspection, Correction, Actions

310:641-3-91 Correction Orders – Kellie Swim made the motion to approve as is. Rick Bronson seconded the motion. Motion carried.

Subchapter 5. Personnel Licenses and Certification

Part 3. Emergency Medical Personnel Licenses

310:641-5-11 License qualifications
310:641-5-13 Issuance of Licenses
310:641-5-14 Renewal Requirements
310:641-5-14.1 Renewal requirements for non-NREMT- Certified licensees
310:641-5-15 Expired licenses
310:641-5-17 Lapsed licenses

Kellie Swim made the motion to approve all except for 310:641-5-11(c)(4) which was recommend to be referred to the OSDH Legal Division for their input. Jo Ann Cobble seconded the motion. Motion carried.

Part 5. Procedures Authorized

310:641-5-30 Standard of Care – Rick Bronson made the motion to approve as is. Greg Reid seconded the motion. Motion carried.

Subchapter 7. Training Programs

Part 3. Training Programs

310:641-7-10 Training Programs
310:641-7-13 Training Program Responsibilities
310-641-7-15 Course Approval

Ron Feller made the motion to approve as is. Jimmy Johnson seconded the motion. Motion carried.

Public Comment

Mike Greene wanted to remind everyone of the meeting in McAlester with Representative Boren on September 3, 2008, this meeting is in reference to Trailblazers

Meeting adjourned at 3:50 pm.