

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 8. RULES OF PRACTICE FOR ADVISORY GROUPS SPECIAL
HEALTH SERVICES [REVOKED]**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking.

PROPOSED RULES:

Chapter 8. Rules of Practice for Advisory Groups Special Health Services [REVOKED]

SUMMARY:

These rules govern the Oklahoma Emergency Medical Services Advisory Council. Revocation of this rule is in response to the Governor's Executive Order 2020-03 to streamline language through a word sweep to remove unnecessary or duplicative language. The rule is no longer necessary as the Oklahoma Medical Services Advisory Council is no longer in existence.

AUTHORITY:

Commissioner of Health, Title 63 O.S. § 1-104.

COMMENT PERIOD:

November 16, 2020, through December 16, 2020, interested persons may informally discuss the proposed rules with the contact person identified below; or may, through February 16, 2021, submit written comment to the contact person identified below, or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on December 16, 2020, via WebEx accessible from the site www.publichearings.health.ok.gov, from 9AM to noon. The alternate date and time in the event of extreme inclement weather is December 18, 2020, via WebEx accessible from the site www.publichearings.health.ok.gov, from 9AM to noon. Those wishing to present oral comments should be registered to speak by 9:15 a.m. Directions for comment registration will be provided on the website. The hearing will close at the conclusion of comments from those registered to speak. Interested persons may attend for the purpose of orally submitting data, views, or concerns about the rule proposal described and summarized in this Notice.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through December 16, 2020, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.ok.gov/health.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., § 303(D), a rule impact statement is available through the contact person identified below or via the agency website at www.ok.gov/health.

CONTACT PERSON:

Audrey C. Talley, Agency Rule Liaison, Oklahoma State Department of Health, 1000 N. E. 10th Street, Oklahoma City, OK 73117-1207, phone (405) 271-9444 ext.56535, e-mail AudreyT@health.ok.gov.

INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 8. RULES OF PRACTICE FOR ADVISORY GROUPS
SPECIAL HEALTH SERVICES**

1. DESCRIPTION:

This rule governs the rules of practice for the Oklahoma Emergency Medical Services Advisory Council. Repeal of this rule is in response to the Governor's Executive Order 2020-03 to streamline language through a word sweep to remove unnecessary or duplicative language. The rule is not necessary as the Oklahoma Emergency Medical Services Advisory Council is no longer in existence.

2. DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:

No person will be affected by this repeal as the rule is no longer necessary. There is no cost impact.

3. DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:

The repeal aligns with current law as the Oklahoma Medical Services Advisory Council no longer exists.

4. ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:

No economic impact is expected.

5. COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY.

There are no costs associated with implementation.

6. IMPACT ON POLITICAL SUBDIVISIONS:

There will be no impact on political subdivisions and it will not require their cooperation in implementing or enforcing the proposed amendment.

7. ADVERSE EFFECT ON SMALL BUSINESS:

There is no known adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.

8. EFFORTS TO MINIMIZE COSTS OF RULE:

There are no less costly means currently identified.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:**

No effect on public health is expected as a result of this rule change.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**

There will be no detrimental effects on public health and safety by repeal of this rule.

11. **PREPARATION AND MODIFICATION DATES:**

This rule impact statement was prepared on October 1, 2020.

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 8. RULES OF PRACTICE FOR ADVISORY SPECIAL HEALTH SERVICES
[REVOKED]**

**SUBCHAPTER 1. OKLAHOMA EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
[REVOKED]**

310:8-1-1. Purpose [REVOKED]

~~—The purpose of this Chapter is to establish rules of practice for the Oklahoma Emergency Medical Services Advisory Council.~~

310:8-1-2. Purpose and function of Council [REVOKED]

~~(a) — **Description of the organization.** The Oklahoma Emergency Medical Services Advisory Council (Council) is created until July 1, 1996 and subject to the Oklahoma Sunset Law [Section 1-2511(9) of Title 63 of the Oklahoma Statutes].~~

~~(b) — **Purpose of the Council.** The purpose of the Council is to advise the Commissioner of Health, or the Commissioner's designee, on matters related to emergency medical services and trauma systems development in the State of Oklahoma.~~

~~(c) — **Membership.** The membership will be composed of consumers and health care professionals who represent a broad cross section of the industry and technical aspects of pre-hospital care, as well as all aspects of trauma care, including acute hospitalization and rehabilitation.~~

~~(d) — **Function of the Council.** The function of the Council is to advise the Commissioner of Health on the following general items:~~

~~(1) — Training program specifications for emergency medical service personnel, the types of medical care procedures which may be performed by emergency medical personnel, qualifications for licensure and certification of emergency medical personnel;~~

~~(2) — Patient care equipment for ambulances, ambulance specifications, criteria and standards for the classification of emergency medical services rendered by providers, including communications and reporting requirements, and operational procedures for providers of ambulance services;~~

~~(3) — Design of the statewide communications system, including procedures for summoning and dispatching emergency medical service, including 911;~~

~~(4) — Projects, programs, and legislation needed to improve emergency medical and trauma related services in the state; and~~

~~(5) — Such other matters and activities as directed by the Commissioner of Health, or the Commissioner's designee.~~

~~(e) — **Organization within the Department.** The staff assigned to the Council is the Emergency Medical Services (EMS) Division, Special Health Services. The Emergency Medical Services Division, will have primary responsibility for the Council, including recommending membership and forwarding Council recommendations to the Commissioner of Health through the Deputy Commissioner for Special Health Services. Advice and recommendations from the Council will be referred to the Board of Health at the pleasure of the Commissioner. Each recommendation will be assigned specific numbers for the purpose of tracking and for reporting thereon.~~

310:8-1-3. Council members and officers [REVOKED]

~~(a) — **Membership.** The membership of the Council shall consist of nineteen (19) individuals in accordance with 63 O.S. Section 1-2516.~~

~~(b) — **Removal of a member.** The Commissioner of Health may remove a Council member who was appointed by the Commissioner, and may recommend removal of a member who was appointed by another authority, if the member:~~

~~(1) — has had three (3) un-excused absences from the Council meetings; or~~

~~(2) — fails to state a conflict of interest as required by this Chapter.~~

~~(c) — **Officers.** The Council Chairman shall be appointed by the Commissioner. The Chairman shall conduct all meetings of the Council and shall review the draft of the minutes before they are transmitted to the Council members. A Vice Chairman will be appointed by the Chairman. The Vice Chairman shall perform all duties of the Chairman in his absence.~~

310:8-1-4. Conduct of meetings [REVOKED]

~~(a) — **Scheduling.** The Council shall meet once each quarter, or as close thereto as possible. Each meeting shall be conducted according to the Open Meeting Act and the Administrative Procedures Act. Meeting dates shall be selected at the meeting before November 15 for the upcoming year. Special meetings may be called at the pleasure of the Chairman and/or Commissioner.~~

~~(b) — **Quorum.** A quorum will consist of a simple majority of the total membership of the Council, at the time. A quorum shall be present to conduct business of the Council.~~

~~(c) — **Agenda.** The staff will be responsible for developing the agenda and for giving proper notice under the Open Meeting Act. Any Council member may make suggestions concerning the agenda, but the Chairman will have final approval of the agenda.~~

~~(d) — **Compensation.** Council members will serve at all times without compensation, but shall be reimbursed for their actual and necessary travel expenses from funds available for the operation of the Department.~~

~~(e) — **Voting.** Each vote taken, except for adjournment, at a Council meeting will be done in accord with the Open Meeting Act, that is that it shall be cast individually and recorded. Each member will have one (1) vote. There will be no proxy ballots, mail ballots, nor telephonic ballots.~~

~~(f) — **Proceedings.** Official minutes of each meeting of the Council will be maintained by the staff of the Emergency Medical Services Division. Once official minutes are adopted by the Council they will become the official record of the meeting.~~

~~(g) — **Conflict of Interest.** Whenever a Council member has cause to believe that a matter to be voted upon would involve him or her in a conflict of interest, then the member shall abstain from discussion or voting on the matter and shall make the possible conflict of interest a matter of public record.~~

~~(h) — **Rules of Procedure.** This Chapter shall be the governing rules for the conduct of Council business. In cases not covered by this Chapter, the Council will follow the most recent addition of Robert's Rules of Order.~~

310:8-1-5. Council recommendations [REVOKED]

~~(a) — **Recommendations.** Each recommendation from the Council will be identified by a numbering system which shall indicate that the recommendation came from the Council, the calendar year in which the recommendation originated, and a sequential number (#) of the recommendation throughout each year. The numbering system will be uniform within the Emergency Medical Services Division, Special Health Services. The Oklahoma Emergency Medical Services Advisory Council will be indicated with the acronym "EMS 90 ####", for example.~~

~~(b) — **Power of recommendations.** No recommendation of the Council is legally binding on the Board of Health, Commissioner of Health, or the Department of Health.~~

310:8-1-6. Subcommittees, work groups, and task forces [REVOKED]

~~(a) — **Standing subcommittee.** A Medical Direction Subcommittee (MDS), appointed by the Commissioner of Health and composed entirely of physicians from the Council, shall serve at the pleasure of the Commissioner. The MDS shall advise the Commissioner, through the Council, on the following:~~

- ~~(1) — the design of all medical aspects and components of emergency medical service systems;~~
- ~~(2) — the appropriateness of all standards for medical and patient care operations or services, treatment procedures, and protocols;~~
- ~~(3) — the implementation and facilitation of regional Emergency Medical Service Systems; and~~
- ~~(4) — such other matters and activities as directed by the Commissioner of Health, or the Commissioner's designee.~~

~~(b) **Temporary subcommittees, work groups, and task forces.** The Council, upon a simple majority vote of its quorum, may create a temporary subcommittee, work group or task force. The Chairman of the Council will appoint members, from the membership, to serve on such created bodies. The information, recommendations, and methods developed by any subcommittee, work group or task force shall be reported to the council for a vote on any final recommendations.~~

~~(c) **Reports.** The MDS and any other subcommittee, work group or task force of the Council shall report on assigned business at regular or special meetings of the Council, and in accordance with the reporting deadlines as incorporated in the charge of the subcommittee, work group or task force. These reports shall include;~~

- ~~(1) information on the progress of referred business;~~
- ~~(2) anticipated date of completion; and~~
- ~~(3) motions reflecting group recommendation, if any.~~

~~(d) **Staff.** The Emergency Medical Services Division staff will be responsible for developing the agenda and for giving proper notice under the Open Meeting Act.~~

Subchapter 3 [Reserved] [REVOKED]

No parts/sections found