

A-Engrossed
Senate Bill 234

Ordered by the Senate April 20
Including Senate Amendments dated April 20

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Health Care)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

- Modifies provisions relating to emergency medical services.
- Changes name of Emergency Medical Services and Trauma Systems Program to **Trauma and Emergency Health Care System Program**.
- Changes name of Oregon Trauma Registry to Oregon Emergency Health Care and Trauma Registries.
- Creates **Trauma and Emergency Health Care System Advisory Board**, State Trauma Advisory Board, **Stroke Care Committee** and State Pediatric Emergency Health Care Advisory Committee.
- Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to emergency medical services; creating new provisions; amending ORS 127.675, 181.637,
3 353.450, 431.607, 431.611, 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625,
4 445.030 and 682.039; repealing ORS 431.609; and declaring an emergency.

5 Whereas the American College of Emergency Physicians National Report Card on the State of
6 Emergency Medicine, issued in 2009, gave Oregon a grade of "D" for the problems in this state with
7 emergency medical services and the trauma system; and

8 Whereas Oregon's poor grade is partially due to the lack of funding for an emergency medical
9 services quality improvement program and the lack of formal stroke and PCI/STEMI systems of care;
10 and

11 Whereas Oregon's emergency physicians also report significant problems with boarding of pa-
12 tients in the emergency department; and

13 Whereas in 2009 the Department of Human Services formed an Oregon Emergency Health Care
14 Task Force to assess and make recommendations for improvements to the emergency health care
15 system; and

16 Whereas the task force was charged with promoting a statewide database for emergency care
17 quality measures and continuous quality improvements initiatives to advance emergency care across
18 this state; now, therefore,

19 **Be It Enacted by the People of the State of Oregon:**

20 **SECTION 1.** ORS 431.607 is amended to read:

21 431.607. (1) In cooperation with representatives of the emergency medical services **and trauma**
22 **services** professions, the Oregon Health Authority shall develop a comprehensive **trauma and**
23 emergency [*medical services and trauma system.*] **health care system that includes, but is not**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.
New sections are in **boldfaced** type.

1 **limited to:**

2 (a) **Statewide categorization of patients according to the level of care required and the**
3 **time frame within which care is needed;**

4 (b) **A process to identify the most appropriate facility to which a patient should be di-**
5 **rected with the goal of improving outcomes;**

6 (c) **Establishing data systems;**

7 (d) **Establishing coordination between specialties providing trauma and emergency health**
8 **care in the trauma and emergency health care system; and**

9 (e) **Establishing standards for the type of information to be communicated through**
10 **emergency communications systems to assist with activating appropriate resources and di-**
11 **recting patients to appropriate facilities.**

12 (2) **The authority may coordinate with other agencies to determine the workforce needs**
13 **of a statewide system that provides a trained group of providers that effectively and effi-**
14 **ciently uses emergency care workers to provide acute care when needed and to determine**
15 **the educational needs for future workforce planning and development.**

16 (3) **The authority shall report progress on the system to the Legislative Assembly in the man-**
17 **ner provided in ORS 192.245 at least every two years.**

18 **SECTION 2.** ORS 431.611 is amended to read:

19 431.611. (1) *[Prior to approval and implementation of area trauma plans submitted to the Oregon*
20 *Health Authority by area trauma advisory boards,]* **The Oregon Health Authority shall adopt rules**
21 **pursuant to ORS chapter 183 which specify *[state trauma]*:**

22 (a) **Trauma and emergency health care objectives and standards[,];**

23 (b) **Hospital and health care facility categorization criteria; and**

24 (c) **Criteria and procedures to be utilized in designating trauma *[system hospitals]* centers and**
25 **emergency health care centers.**

26 (2) For *[approved area trauma plans]* **regional trauma and emergency health care system**
27 **plans approved under ORS 431.613 recommending designation of trauma *[system hospitals]* centers**
28 **and emergency health care centers, the authority rules *[shall]* must provide for:**

29 (a) **The transport of a member of a health maintenance organization, or other managed health**
30 **care system, as defined by rule, to a hospital that contracts with the health maintenance organiza-**
31 **tion when *[central medical control determines that]* the condition of the member permits such trans-**
32 **port; and**

33 (b) **The development and *[utilization]* use of protocols between *[designated]* trauma *[hospitals]***
34 **centers or emergency health care centers designated under ORS 431.627 and health mainte-**
35 **nance organizations, or other managed health care systems, as defined by rule, including notification**
36 **of admission of a member to a *[designated]* trauma *[hospital]* center or emergency health care**
37 **center designated under ORS 431.627 within 48 hours of admission, and coordinated discharge**
38 **planning between a *[designated]* trauma *[hospital]* center or emergency health care center des-**
39 **ignated under ORS 431.627 and a hospital that contracts with a health maintenance organization**
40 **to facilitate transfer of the member when the medical condition of the member permits.**

41 **SECTION 3.** ORS 431.613 is amended to read:

42 431.613. (1)(a) **With the advice of the Trauma and Emergency Health Care System Advi-**
43 **sory Board and the State Trauma Advisory Board, the Oregon Health Authority shall desig-**
44 **nate trauma and emergency health care regions within the state consistent with local**
45 **resources, geography and current patient referral patterns.**

1 **(b) Each trauma and emergency health care region designated by the authority under**
2 **this section must have at least one health care facility designated as a trauma center or**
3 **emergency health care center under ORS 431.627.**

4 **(2) For each trauma and emergency health care region, the authority shall create a re-**
5 **gional trauma and emergency health care committee to:**

6 **(a) Establish and recommend to the authority a regional trauma and emergency health**
7 **care system plan that meets the standards set forth by the authority by rule and that in-**
8 **cludes patient care guidelines and a plan for deployment of resources, coordination of deliv-**
9 **ery of trauma and emergency care, monitoring system performance and quality**
10 **improvement;**

11 **(b) Act as a liaison between health care providers, the general public in the region, the**
12 **Trauma and Emergency Health Care System Advisory Board appointed under section 11 of**
13 **this 2011 Act and the authority for exchanging information about trauma and emergency**
14 **health care system issues;**

15 **(c) Advise the Trauma and Emergency Health Care System Advisory Board and the au-**
16 **thority on the adoption of rules, policies and procedures regarding the regional trauma and**
17 **emergency health care system plan;**

18 **(d) Participate in the promotion and implementation of the regional trauma and emer-**
19 **gency health care system plan by making recommendations about changes to the trauma and**
20 **emergency health care system to the authority and to health care providers;**

21 **(e) Develop regional triage protocols; and**

22 **(f) Provide an annual report to the authority that includes any recommended modifica-**
23 **tions to the regional trauma and emergency health care system plan.**

24 **[(1)] (3) [Area trauma advisory boards] A regional trauma and emergency health care advi-**
25 **sory committee shall meet as often as necessary to identify specific trauma [area] and emergency**
26 **health care needs and problems and propose to the [Oregon Health] authority [area trauma system]**
27 **regional trauma and emergency health care system plans and changes that meet state standards**
28 **and objectives. The authority, acting with the advice of the [State] Trauma and Emergency Health**
29 **Care System Advisory Board [will have], has the authority to approve and implement [these] re-**
30 **gional trauma and emergency health care system plans.**

31 **[(2)] (4) [In concurrence with the Governor,] The authority shall select members for each [area]**
32 **regional trauma and emergency health care committee from lists submitted by local associ-**
33 **ations of emergency medical technicians, emergency nurses, emergency physicians, surgeons, hospi-**
34 **tal administrators, emergency medical services agencies and citizens at large. Members [shall] must**
35 **be broadly representative of the trauma [area as a whole and shall] and emergency health care**
36 **region. Each regional trauma and emergency health care committee must consist of at least**
37 **[15] seven members [per area trauma advisory board], including:**

38 **[(a) Three surgeons;]**

39 **[(b) Two physicians serving as emergency physicians;]**

40 **[(c) Two hospital administrators from different hospitals;]**

41 **(a) One physician specializing in providing emergency health care;**

42 **(b) One hospital administrator;**

43 **(c) One physician or nurse specializing in the treatment of trauma patients;**

44 **(d) [Two nurses serving as emergency nurses] One nurse specializing in providing emergency**
45 **health care;**

1 (e) Two emergency medical technicians serving different emergency medical services; **and**

2 (f) *[Two representatives]* **One representative** of the public at large selected from among those
3 submitting letters of application in response to public notice by the authority.

4 **(5) The public members** *[shall]* **of a regional trauma and emergency health care committee**
5 **may not have an economic interest in any decision of the** *[health care service areas;]* **committee.**

6 *[(g) One representative of any bordering state which is included within the patient referral area;]*

7 *[(h) One anesthesiologist; and]*

8 *[(i) One ambulance service owner or operator or both.]*

9 **(6) Members of a regional trauma and emergency health care committee are not entitled**
10 **to compensation or reimbursement for expenses and serve as volunteers on the committee.**

11 **SECTION 4.** ORS 431.617 is amended to read:

12 431.617. (1) A provider *[may not be held]* **is not** liable for *[acting]* **transporting a patient** in
13 accordance with *[approved trauma system plans]* **a regional trauma and emergency health care**
14 **system plan approved under ORS 431.613.**

15 (2) A person who in good faith provides data or other information to the Oregon *[Trauma Reg-*
16 *istry]* **Emergency Health Care and Trauma Registries** in accordance with ORS 431.623 to 431.671
17 is immune from any civil or criminal liability that might otherwise be incurred or imposed with re-
18 spect to provision of the data.

19 **SECTION 5.** ORS 431.623 is amended to read:

20 431.623. (1) The Emergency *[Medical Services and Trauma Systems]* **Health Care System Pro-**
21 **gram** is created within the Oregon Health Authority for the *[purpose]* **purposes of:**

22 (a) Administering and regulating ambulances[.];

23 (b) Training and certifying emergency medical technicians[.];

24 (c) Establishing, **monitoring** and maintaining a **trauma and** emergency *[medical systems in-*
25 *cluding trauma systems]* **health care system to provide care, as specified by the program by**
26 **rule, to patients who meet criteria specified by the program by rule; and**

27 (d) **Establishing and** maintaining the Oregon **Emergency Health Care and Trauma Regis-**
28 **tries** *[Trauma Registry, as necessary for trauma reimbursement, system quality assurance and ensur-*
29 *ing cost efficiency].*

30 (2) For purposes of ORS 431.607 to 431.619 and ORS chapter 682, the duties *[vested in]* **of the**
31 **authority shall be performed by the Emergency** *[Medical Services and Trauma Systems]* **Health Care**
32 **System Program.**

33 (3) The program shall be administered by a director.

34 (4) *[With moneys]* **The Director of the Emergency Health Care System Program shall apply**
35 **the moneys** transferred to the program by ORS 442.625*[, the director of the program shall apply*
36 *those moneys]* to:

37 (a) Developing state and regional standards of care;

38 (b) Developing a statewide educational curriculum to teach standards of care;

39 (c) Implementing quality improvement programs;

40 (d) Creating *[a]* statewide data *[system]* **systems** for *[prehospital care]* **emergency health and**
41 **trauma care; and**

42 (e) Providing ancillary services to enhance Oregon's **trauma and** emergency *[medical service]*
43 **health care** system.

44 (5) The *[director of the]* program shall adopt rules for the Oregon **Emergency Health Care and**
45 **Trauma Registries** *[Trauma Registry]*, establishing:

- 1 (a) The information that must be reported by trauma centers;
- 2 (b) The form and frequency of reporting; and
- 3 (c) Procedures and standards for the administration of the [registry] registries.

4 **SECTION 6.** ORS 431.627 is amended to read:

5 431.627. (1) *[In addition to and not in lieu of ORS 431.607 to 431.617,]* The Oregon Health Au-
6 thority shall designate trauma centers *[in areas that are within the jurisdiction of trauma advisory*
7 *boards other than in the area within the jurisdiction of area trauma advisory board 1.]* **and emer-**
8 **gency health care centers in trauma and emergency health care regions designated under**
9 **ORS 431.613. The authority shall adopt rules:**

10 (a) **Establishing the criteria for designation of trauma centers and emergency health care**
11 **centers.**

12 (b) **Establishing standards for trauma centers and emergency health care centers.**

13 (2) The authority shall *[enter into contracts with designated trauma centers and]* monitor and as-
14 sure quality of care *[and appropriate costs]* for trauma **and emergency health care** patients *[meet-*
15 *ing trauma system entry criteria]* **included in the statewide categorization of patients established**
16 **by the authority under ORS 431.607.**

17 (3) All findings and conclusions, interviews, reports, studies, communications and statements
18 procured by or furnished to the authority **or a committee related to emergency health care es-**
19 **established by the authority**, the State Trauma Advisory Board *[or an area trauma advisory board],*
20 **the Trauma and Emergency Health Care System Advisory Board, the Stroke Care Committee**
21 **or a regional trauma and emergency health care committee established under ORS 431.613**
22 in connection with obtaining the data necessary to perform patient care quality assurance functions
23 *[shall be]* **are confidential pursuant to ORS 192.501 to 192.505.**

24 (4)(a) All data received or compiled by **a committee related to emergency health care es-**
25 **established by the authority**, the State Trauma Advisory Board *[or any area trauma advisory*
26 *board],* **the Trauma and Emergency Health Care System Advisory Board, the Stroke Care**
27 **Committee or a regional trauma and emergency health care committee established under**
28 **ORS 431.613** in conjunction with authority monitoring and assuring quality of trauma *[patient]* **or**
29 **emergency health care** *[shall be]* **are confidential and privileged, nondiscoverable and inadmissible**
30 in any proceeding. *[No]* **A person serving on or communicating information to a committee related**
31 **to emergency health care established by the authority**, the State Trauma Advisory Board *[or*
32 *an area trauma advisory board shall],* **the Trauma and Emergency Health Care System Advisory**
33 **Board, the Stroke Care Committee or a regional trauma and emergency health care com-**
34 **mittee established under ORS 431.613 may not** *[as to any such]* **about those** com-
35 munications or *[to]* **about** the findings or recommendations of *[such board]* **the board or**
36 **committee.** A person serving on or communicating information to the State Trauma Advisory Board
37 *[or an area trauma advisory board shall not be],* **the Trauma and Emergency Health Care System**
38 **Advisory Board or a regional trauma and emergency health care committee established un-**
39 **der ORS 431.613 is not** subject to an action for civil damages for actions taken or statements made
40 in good faith. Nothing in this section affects the admissibility in evidence of a party's medical re-
41 cords not otherwise confidential or privileged dealing with the party's medical care. The
42 confidentiality provisions of ORS 41.675 and 41.685 *[shall]* also apply to the monitoring and quality
43 assurance activities of the State Trauma Advisory Board, *[area trauma advisory boards]* **the**
44 **Trauma and Emergency Health Care System Advisory Board, regional trauma and emer-**
45 **gency health care committees established under ORS 431.613** and the authority.

1 (b) As used in this section, “data” includes but is not limited to written reports, notes, records
2 and recommendations.

3 (5) *[Final reports by]* The authority, the State Trauma Advisory Board *[and area trauma advisory*
4 *boards]*, **the Trauma and Emergency Health Care System Advisory Board and regional trauma**
5 **and emergency health care committees established under ORS 431.613** shall *[be]* **make final**
6 **reports** available to the public.

7 (6) The authority shall publish a biennial report of the Emergency **Health Care System**
8 **Program’s** *[Medical Services and Trauma Systems Program and trauma systems]* activities.

9 **SECTION 7.** ORS 431.633 is amended to read:

10 431.633. (1) *[Designated]* Trauma centers and **emergency health care centers designated un-**
11 **der ORS 431.627, emergency health care providers specified by the Emergency Health Care**
12 **System Program by rule**, physical rehabilitation centers, alcohol and drug rehabilitation centers
13 and ambulances shall develop a monthly log of all unsponsored, inadequately insured trauma system
14 patients determined by the hospital to have an injury severity score greater than or equal to 13, and
15 submit monthly to the Emergency *[Medical Services and Trauma Systems]* **Health Care System**
16 Program the true costs and unpaid balance for the care of these patients.

17 (2) No reimbursement for these patients *[shall]* **may** occur until:

18 (a) All information required by the Emergency *[Medical Services and Trauma Systems]* **Health**
19 **Care System** Program rules **adopted under ORS 431.623** is submitted to the Oregon **Emergency**
20 **Health Care and Trauma Registries** *[Trauma Registry]*; and

21 (b) The Emergency *[Medical Services and Trauma Systems]* **Health Care System** Program con-
22 firms that the injury severity score, as defined by the Oregon Health Authority by rule, is greater
23 than or equal to 13.

24 (3) The Emergency *[Medical Services and Trauma Systems]* **Health Care System** Program shall
25 cause **the following** providers to be reimbursed in *[the following decreasing order of priority]* **ac-**
26 **cordance with subsection (4) of this section:**

- 27 (a) Designated trauma centers and providers;
- 28 (b) Physical rehabilitation centers;
- 29 (c) Alcohol and drug rehabilitation centers; and
- 30 (d) Ambulances.

31 (4) Subject to the availability of funds, the Emergency *[Medical Services and Trauma Systems]*
32 **Health Care System** Program shall cause the *[designated]* trauma centers **and emergency health**
33 **care centers designated under ORS 431.627** and **emergency health care providers specified by**
34 **the Emergency Health Care System Program by rule** to be paid first in full. *[Subsequent]* **Other**
35 providers shall be paid from the balance remaining *[according to priority]*.

36 (5) Any matching funds, available pursuant to the Trauma Care Systems Planning and Develop-
37 ment Act of 1990 (P.L. 101-590), that are available for purposes of the Emergency *[Medical Services*
38 *and Trauma Systems]* **Health Care System** Program may be used for related studies and projects
39 and reimbursement for uncompensated care.

40 **SECTION 8.** ORS 431.635 is amended to read:

41 431.635. (1) As used in this section, “individually identifiable information” means:

- 42 (a) Individually identifiable health information as that term is defined in ORS 179.505; and
- 43 (b) Information that could be used to identify a health care provider, ambulance service, medical
44 transportation agency or health care facility.

45 **(2) The following entities shall report information to the Oregon Emergency Health Care**

1 **and Trauma Registries in accordance with rules adopted by the Oregon Health Authority:**

2 (a) **Hospitals as defined in ORS 442.015;**

3 (b) **Trauma centers and emergency health care centers designated under ORS 431.627;**

4 **and**

5 (c) **Other emergency medical services agencies, as provided by the authority by rule.**

6 [(2)] (3) Notwithstanding ORS 431.627, individually identifiable information may be released from
7 the Oregon **Emergency Health Care and Trauma Registries** [*Trauma Registry*]:

8 (a) For use in executive session to conduct specific case reviews by:

9 (A) The State Trauma Advisory Board [*or any area trauma advisory board*];

10 (B) The State Emergency Medical Service Committee; [*or*]

11 [(C) *The Emergency Medical Services for Children Advisory Committee.*]

12 (C) **The State Pediatric Emergency Health Care Advisory Committee created pursuant**
13 **to ORS 431.671 and section 13 of this 2011 Act;**

14 (D) **The Stroke Care Committee appointed in section 19 of this 2011 Act;**

15 (E) **The Trauma and Emergency Health Care System Advisory Board appointed under**
16 **section 11 of this 2011 Act;**

17 (F) **Other committees established by the authority relating to emergency health care; or**

18 (G) **A regional trauma and emergency health care committee established under ORS**
19 **431.613.**

20 (b) For quality assurance or quality improvement purposes to an emergency medical services
21 provider or a [*designated*] trauma center **or emergency health care center designated under ORS**
22 **431.627** if the information is related to the treatment of an individual by the provider or center.

23 (c) To a person conducting research only if an institutional review board has approved the re-
24 search in accordance with 45 C.F.R. part 46 and the person agrees to maintain the confidentiality
25 of the information.

26 [(3)] (4) The Oregon Health Authority may release only the minimum amount of individually
27 identifiable information necessary to carry out the purposes for which [*it*] **the information** is re-
28 leased under this section.

29 **SECTION 9.** ORS 431.671 is amended to read:

30 431.671. (1) [*Subject to available funding from gifts, grants or donations,*] The Emergency Medical
31 Services for Children Program is established in the Oregon Health Authority. The Emergency Med-
32 ical Services for Children Program shall operate in cooperation with the Emergency [*Medical Ser-*
33 *vices and Trauma Systems*] **Health Care System** Program to promote the delivery of emergency
34 medical and trauma services to the children of Oregon.

35 (2) The [*Oregon Health*] authority shall:

36 (a) Employ or contract with professional, technical, research and clerical staff as required to
37 implement this section.

38 (b) Provide technical assistance to the State Trauma Advisory Board on the integration of an
39 emergency medical services for children program into the statewide emergency medical services and
40 trauma system.

41 (c) Provide advice and technical assistance to [*area trauma advisory boards*] **regional trauma**
42 **and emergency health care committees established under ORS 431.613** on the integration of an
43 emergency medical services for children program into [*area trauma*] **regional trauma and emer-**
44 **gency health care** system plans.

45 (d) Establish [*an Emergency Medical Services for Children Advisory Committee*] **the State**

1 **Pediatric Emergency Health Care Advisory Committee, as provided in section 13 of this 2011**
2 **Act, to serve as the committee for emergency medical services for children required under**
3 **federal law.**

4 (e) Establish guidelines for:

5 (A) The approval of emergency and critical care medical service facilities for pediatric care, and
6 for the designation of specialized regional pediatric critical care centers and pediatric trauma care
7 centers.

8 (B) Referring children to appropriate emergency or critical care medical facilities.

9 (C) Necessary prehospital and other pediatric emergency and critical care medical service
10 equipment.

11 (D) Developing a coordinated system that will allow children to receive appropriate initial sta-
12 bilization and treatment with timely provision of, or referral to, the appropriate level of care, in-
13 cluding critical care, trauma care or pediatric subspecialty care.

14 (E) Protocols for prehospital and hospital facilities encompassing all levels of pediatric emer-
15 gency services, pediatric critical care and pediatric trauma care.

16 (F) Rehabilitation services for critically ill or injured children.

17 (G) An interfacility transfer system for critically ill or injured children.

18 (H) Initial and continuing professional education programs for emergency medical services per-
19 sonnel, including training in the emergency care of infants and children.

20 (I) A public education program concerning the Emergency Medical Services for Children Pro-
21 gram including information on emergency access telephone numbers.

22 (J) The collection and analysis of statewide pediatric emergency and critical care medical ser-
23 vices data from emergency and critical care medical service facilities for the purpose of quality
24 improvement by such facilities, subject to relevant confidentiality requirements.

25 (K) The establishment of cooperative interstate relationships to facilitate the provision of ap-
26 propriate care for pediatric patients who must cross state borders to receive emergency and critical
27 care services.

28 (L) Coordination and cooperation between the Emergency Medical Services for Children Pro-
29 gram and other public and private organizations interested or involved in emergency and critical
30 care for children.

31 **SECTION 10.** ORS 682.039 is amended to read:

32 682.039. (1) The Oregon Health Authority shall appoint a State Emergency Medical Service
33 Committee composed of 18 members as follows:

34 (a) Seven physicians licensed under ORS chapter 677 whose practice consists of routinely
35 treating emergencies such as cardiovascular illness or trauma, appointed from a list submitted by
36 the Oregon Medical Board.

37 (b) Four emergency medical technicians whose practices consist of routinely treating emergen-
38 cies, including but not limited to cardiovascular illness or trauma, at least one of whom is at the
39 lowest level of emergency medical technician certification established by the authority at the time
40 of appointment. EMTs appointed pursuant to this paragraph shall be selected from lists submitted
41 by each [*area trauma advisory board*] **regional trauma and emergency health care committee**
42 **established under ORS 431.613.** The lists shall include nominations from entities including but not
43 limited to organizations that represent emergency care providers in Oregon.

44 (c) One volunteer ambulance operator, one person representing governmental agencies that
45 provide ambulance services and one person representing a private ambulance company.

1 (d) One hospital administrator.

2 (e) One nurse who has served at least two years in the capacity of an emergency department
3 nurse.

4 (f) One representative of an emergency dispatch center.

5 (g) One community college or licensed career school representative.

6 (2) The committee *[shall]* **must** include at least one resident but no more than three residents
7 from each *[region served by one area trauma advisory board]* **trauma and emergency health care**
8 **region established under ORS 431.613** at the time of appointment.

9 (3) Appointments shall be made for a term of four years in a manner to preserve insofar as
10 possible the representation of the organization described in subsection (1) of this section. Vacancies
11 shall be filled for any unexpired term as soon as the authority can make such appointments. The
12 committee shall choose its own chairperson and shall meet at the call of the chairperson or the
13 Director of the *[Oregon Health Authority]* **Emergency Health Care System Program**.

14 (4) The State Emergency Medical Service Committee shall:

15 (a) Advise the authority concerning the adoption, amendment and repeal of rules authorized by
16 this chapter;

17 (b) Assist the Emergency *[Medical Services and Trauma Systems]* **Health Care System Program**
18 in providing state and regional emergency medical services coordination and planning;

19 (c) Assist communities in identifying emergency medical service system needs and quality im-
20 provement initiatives;

21 (d) Assist the Emergency *[Medical Services and Trauma Systems]* **Health Care System Program**
22 in prioritizing, implementing and evaluating emergency medical service system quality improvement
23 initiatives identified by communities;

24 (e) Review and prioritize rural community emergency medical service funding requests and pro-
25 vide input to the Rural Health Coordinating Council; and

26 (f) Review and prioritize funding requests for rural community emergency medical service
27 training and provide input to the Area Health Education Center program.

28 (5) The chairperson of the committee shall appoint a subcommittee on EMT certification and
29 discipline, consisting of five physicians and four EMTs. The subcommittee shall advise the authority
30 and the board on the adoption, amendment, repeal and application of rules concerning ORS 682.204
31 to 682.220 and 682.245. The decisions of this subcommittee *[shall]* **are** not *[be]* subject to the review
32 of the full State Emergency Medical Service Committee.

33 (6) Members are entitled to compensation as provided in ORS 292.495.

34 **SECTION 11. (1) The Director of the Oregon Health Authority shall appoint a Trauma**
35 **and Emergency Health Care System Advisory Board composed of 12 members as follows:**

36 (a) **The chairperson of the State Trauma Advisory Board;**

37 (b) **The chairperson of the State Emergency Medical Service Committee;**

38 (c) **The chairperson of the State Pediatric Emergency Health Care Advisory Committee**
39 **established pursuant to ORS 431.671 and section 13 of this 2011 Act;**

40 (d) **The chairperson of the Stroke Care Committee appointed in section 19 of this 2011**
41 **Act;**

42 (e) **One physician who works at a trauma center designated under ORS 431.627;**

43 (f) **One physician who works at an emergency health care center designated under ORS**
44 **431.627;**

45 (g) **One physician who works at a pediatric critical care center;**

1 (h) One hospital administrator of a hospital with an emergency department;

2 (i) One person who operates an ambulance service;

3 (j) One member of the public;

4 (k) One person who represents a third party payer of health care; and

5 (L) One nurse who manages staff in an emergency department of a hospital.

6 (2) The board must include at least one but no more than five residents of each trauma
7 and emergency health care region established under ORS 431.613.

8 (3) The term of each member of the board is four years, but a member serves at the
9 pleasure of the director. A member may serve no more than two consecutive terms. Vacan-
10 cies shall be filled by the director for the unexpired term.

11 (4) The board shall elect a chairperson from its members.

12 (5) The board shall meet at the call of the director.

13 (6) The board shall make recommendations to the authority about:

14 (a) The statewide categorization of patients;

15 (b) Approval of regional trauma and emergency health care system plans;

16 (c) The establishment and use of the Oregon Emergency Health Care and Trauma Reg-
17 istries established under ORS 431.623;

18 (d) Workforce needs;

19 (e) Coordination of care between specialties; and

20 (f) Other matters identified by the authority.

21 (7) Members of the board are not entitled to compensation, but may be reimbursed from
22 funds available to the authority for actual and necessary travel and other expenses incurred
23 by them in the performance of their official duties in the manner and amounts provided for
24 in ORS 292.495.

25 **SECTION 12.** (1) The Director of the Oregon Health Authority shall appoint a State
26 Trauma Advisory Board composed of 18 members as follows:

27 (a) Two physicians who are surgeons;

28 (b) Two physicians who specialize in emergency medicine;

29 (c) One hospital administrator from a hospital designated as a trauma center under ORS
30 431.627;

31 (d) One nurse who specializes in trauma care and works in an emergency department in
32 a trauma center designated under ORS 431.627;

33 (e) One trauma nurse coordinator from a trauma center designated under ORS 431.627;

34 (f) Two emergency medical technicians working for different emergency medical services;

35 (g) One member of the public;

36 (h) One anesthesiologist;

37 (i) One physician specializing in orthopedics;

38 (j) One physician specializing in neurosurgery;

39 (k) One physician specializing in rehabilitative medicine;

40 (L) One person specializing in injury prevention;

41 (m) One ambulance service owner or operator;

42 (n) One representative of a nontransport EMS agency; and

43 (o) The physician who works at a trauma center designated under ORS 431.627 who is
44 appointed to the Trauma and Emergency Health Care System Advisory Board under section
45 11 (1)(e) of this 2011 Act.

1 (2) The board members must include at least one but no more than five residents of each
2 trauma and emergency health care region established under ORS 431.613.

3 (3) The director may select the public member of the board from persons who submit
4 letters of application in response to public notice by the authority. The public member may
5 not have an economic interest in any decision of the board.

6 (4) The term of each member of the board is four years, but a member serves at the
7 pleasure of the director. A member may serve no more than two consecutive terms. Vacan-
8 cies shall be filled by the director for the unexpired term.

9 (5) The board shall elect a chairperson from its members.

10 (6) The board shall meet at the call of the director.

11 (7) The board shall:

12 (a) Advise the authority in meeting the objectives established for the trauma system
13 component of the Emergency Health Care System Program;

14 (b) Advise the authority on the adoption of rules, policies and procedures regarding the
15 trauma system; and

16 (c) Analyze data related to the prevention of injuries; and

17 (d) Suggest improvements to the trauma system.

18 (8) Members of the board are not entitled to compensation, but may be reimbursed from
19 funds available to the authority for actual and necessary travel and other expenses incurred
20 by them in the performance of their official duties in the manner and amounts provided for
21 in ORS 292.495.

22 **SECTION 13.** (1) The State Pediatric Emergency Health Care Advisory Committee cre-
23 ated pursuant to ORS 431.671 must consist of at least seven members. Of the members of
24 the committee:

25 (a) One must be a physician with training in pediatric medicine;

26 (b) One must be a physician who specializes in emergency medicine;

27 (c) One must be a nurse with experience in emergency pediatric medicine who works in
28 a trauma center designated under ORS 431.627;

29 (d) Two must be licensed emergency medical technicians;

30 (e) One must be a member of the public who advocates for families and children; and

31 (f) One must be an emergency medical services transport specialist with pediatric expe-
32 rience.

33 (2) The committee must include at least one but no more than five residents of each
34 trauma and emergency health care region established under ORS 431.613.

35 (3) The term of office of each member of the committee is four years, but a member
36 serves at the pleasure of the Oregon Health Authority. A member may serve no more than
37 two consecutive terms. If a vacancy occurs, the authority shall make an appointment to
38 become immediately effective for the unexpired term.

39 (4) The committee shall elect a chairperson from its members.

40 (5) The committee shall meet at the call of the Director of the Emergency Health Care
41 System Program.

42 (6) Members of the committee are not entitled to compensation, but may be reimbursed
43 from funds available to the authority for actual and necessary travel and other expenses
44 incurred by them in the performance of their official duties in the manner and amounts
45 provided for in ORS 292.495.

1 **SECTION 14.** ORS 127.675 is amended to read:

2 127.675. (1) There is established the Oregon POLST Registry Advisory Committee to advise the
3 Oregon Health Authority regarding the implementation, operation and evaluation of the POLST
4 registry.

5 (2) The members of the Oregon POLST Registry Advisory Committee shall be appointed by the
6 Director of the Oregon Health Authority and shall include, at a minimum:

7 (a) A health professional with extensive experience and leadership in POLST issues;

8 (b) A physician who is a supervising physician, as defined in ORS 682.025, for emergency medical
9 technicians and who has extensive experience and leadership in POLST issues;

10 (c) A representative from the hospital community with extensive experience and leadership in
11 POLST issues;

12 (d) A representative from the long term care community with extensive experience and leader-
13 ship in POLST issues;

14 (e) A representative from the hospice community with extensive experience and leadership in
15 POLST issues;

16 (f) An emergency medical technician actively involved in providing emergency medical services;
17 and

18 (g) Two members of the public with active interest in end-of-life treatment preferences, at least
19 one of whom represents the interests of minorities.

20 (3) The Director of the Emergency [*Medical Services and Trauma Systems*] **Health Care System**
21 Program [*within the Oregon Health Authority*] **created in ORS 431.623**, or a designee of the director,
22 shall serve as a voting ex officio member of the committee.

23 (4) The Director of the Oregon Health Authority may appoint additional members to the com-
24 mittee.

25 (5) The committee shall meet at least four times per year, at times and places specified by the
26 Director of the Oregon Health Authority.

27 (6) The Oregon Health Authority shall provide staff support for the committee.

28 (7) Except for the Director of the Emergency [*Medical Services and Trauma Systems*] **Health**
29 **Care System** Program, a member of the committee shall serve a term of two years. Before the ex-
30 piration of the term of a member, the director shall appoint a successor whose term begins on Jan-
31 uary 2 next following. A member is eligible for reappointment. If there is a vacancy for any cause,
32 the Director of the Oregon Health Authority shall make an appointment to become immediately ef-
33 fective for the unexpired term.

34 (8) The Director of the Oregon Health Authority, or a designee of the director, shall consult
35 with the committee in drafting rules on the implementation, operation and evaluation of the POLST
36 registry.

37 **SECTION 15.** ORS 181.637 is amended to read:

38 181.637. (1) The Board on Public Safety Standards and Training shall establish the following
39 policy committees:

40 (a) Corrections Policy Committee;

41 (b) Fire Policy Committee;

42 (c) Police Policy Committee;

43 (d) Telecommunications Policy Committee; and

44 (e) Private Security Policy Committee.

45 (2) The members of each policy committee shall select a chairperson and vice chairperson for

1 the policy committee. Only members of the policy committee who are also members of the board are
2 eligible to serve as a chairperson or vice chairperson. The vice chairperson may act as chairperson
3 in the absence of the chairperson.

4 (3) The Corrections Policy Committee consists of:

5 (a) All of the board members who represent the corrections discipline;

6 (b) The chief administrative officer of the training division of the Department of Corrections;

7 (c) A security manager from the Department of Corrections recommended by the Director of the
8 Department of Corrections; and

9 (d) The following, who may not be current board members, appointed by the chairperson of the
10 board:

11 (A) One person recommended by and representing the Oregon State Sheriffs' Association;

12 (B) Two persons recommended by and representing the Oregon Sheriff's Jail Command Council;

13 (C) One person recommended by and representing a statewide association of community cor-
14 rections directors;

15 (D) One nonmanagement corrections officer employed by the Department of Corrections;

16 (E) One corrections officer who is a female, who is employed by the Department of Corrections
17 at a women's correctional facility and who is a member of a bargaining unit; and

18 (F) Two nonmanagement corrections officers.

19 (4) The Fire Policy Committee consists of:

20 (a) All of the board members who represent the fire service discipline; and

21 (b) The following, who may not be current board members, appointed by the chairperson of the
22 board:

23 (A) One person recommended by and representing a statewide association of fire instructors;

24 (B) One person recommended by and representing a statewide association of fire marshals;

25 (C) One person recommended by and representing community college fire programs;

26 (D) One nonmanagement firefighter recommended by a statewide organization of firefighters; and

27 (E) One person representing the forest protection agencies and recommended by the State
28 Forestry Department.

29 (5) The Police Policy Committee consists of:

30 (a) All of the board members who represent the law enforcement discipline; and

31 (b) The following, who may not be current board members, appointed by the chairperson of the
32 board:

33 (A) One person recommended by and representing the Oregon Association Chiefs of Police;

34 (B) Two persons recommended by and representing the Oregon State Sheriffs' Association;

35 (C) One command officer recommended by and representing the Oregon State Police; and

36 (D) Three nonmanagement law enforcement officers.

37 (6) The Telecommunications Policy Committee consists of:

38 (a) All of the board members who represent the telecommunications discipline; and

39 (b) The following, who may not be current board members, appointed by the chairperson of the
40 board:

41 (A) Two persons recommended by and representing a statewide association of public safety
42 communications officers;

43 (B) One person recommended by and representing the Oregon Association Chiefs of Police;

44 (C) One person recommended by and representing the Oregon State Police;

45 (D) Two persons representing telecommunicators;

- 1 (E) One person recommended by and representing the Oregon State Sheriffs' Association;
- 2 (F) One person recommended by and representing the Oregon Fire Chiefs Association;
- 3 (G) One person recommended by and representing the Emergency *[Medical Services and Trauma*
- 4 *Systems]* **Health Care System** Program *[of the Oregon Health Authority]* **created in ORS 431.623;**
- 5 and
- 6 (H) One person representing paramedics and recommended by a statewide association dealing
- 7 with fire medical issues.
- 8 (7) The Private Security Policy Committee consists of:
- 9 (a) All of the board members who represent the private security industry; and
- 10 (b) The following, who may not be current board members, appointed by the chairperson of the
- 11 board:
- 12 (A) One person representing unarmed private security professionals;
- 13 (B) One person representing armed private security professionals;
- 14 (C) One person representing the health care industry;
- 15 (D) One person representing the manufacturing industry;
- 16 (E) One person representing the retail industry;
- 17 (F) One person representing the hospitality industry;
- 18 (G) One person representing private business or a governmental entity that utilizes private se-
- 19 curity services;
- 20 (H) One person representing persons who monitor alarm systems;
- 21 (I) Two persons who are investigators licensed under ORS 703.430, one of whom is recommended
- 22 by the Oregon State Bar and one of whom is in private practice; and
- 23 (J) One person who represents the public at large and who is not related within the second de-
- 24 gree by affinity or consanguinity to a person who is employed or doing business as a private security
- 25 professional or executive manager, as defined in ORS 181.870, or as an investigator, as defined in
- 26 ORS 703.401.
- 27 (8) In making appointments to the policy committees under this section, the chairperson of the
- 28 board shall seek to reflect the diversity of the state's population. An appointment made by the
- 29 chairperson of the board must be ratified by the board before the appointment is effective. The
- 30 chairperson of the board may remove an appointed member for just cause. An appointment to a
- 31 policy committee that is based on the member's employment is automatically revoked if the member
- 32 changes employment. The chairperson of the board shall fill a vacancy in the same manner as
- 33 making an initial appointment. The term of an appointed member is two years. An appointed member
- 34 may be appointed to a second term.
- 35 (9) A policy committee may meet at such times and places as determined by the policy commit-
- 36 tee in consultation with the Department of Public Safety Standards and Training. A majority of a
- 37 policy committee constitutes a quorum to conduct business. A policy committee may create sub-
- 38 committees if needed.
- 39 (10)(a) Each policy committee shall develop policies, requirements, standards and rules relating
- 40 to its specific discipline. A policy committee shall submit its policies, requirements, standards and
- 41 rules to the board for the board's consideration. When a policy committee submits a policy, re-
- 42 quirement, standard or rule to the board for the board's consideration, the board shall:
- 43 (A) Approve the policy, requirement, standard or rule;
- 44 (B) Disapprove the policy, requirement, standard or rule; or
- 45 (C) Defer a decision and return the matter to the policy committee for revision or reconsider-

1 ation.

2 (b) The board may defer a decision and return a matter submitted by a policy committee under
3 paragraph (a) of this subsection only once. If a policy, requirement, standard or rule that was re-
4 turned to a policy committee is resubmitted to the board, the board shall take all actions necessary
5 to implement the policy, requirement, standard or rule unless the board disapproves the policy, re-
6 quirement, standard or rule.

7 (c) Disapproval of a policy, requirement, standard or rule under paragraph (a) or (b) of this
8 subsection requires a two-thirds vote by the members of the board.

9 (11) At any time after submitting a matter to the board, the chairperson of the policy committee
10 may withdraw the matter from the board's consideration.

11 **SECTION 16.** ORS 353.450 is amended to read:

12 353.450. (1) It is the finding of the Legislative Assembly that there is need to provide programs
13 that will assist a rural community to recruit and retain physicians, physician assistants and nurse
14 practitioners. For that purpose:

15 (a) The Legislative Assembly supports the development at the Oregon Health and Science Uni-
16 versity of an Area Health Education Center program as provided for under the United States Public
17 Health Service Act, Section 781.

18 (b) The university shall provide continuing education opportunities for persons licensed to
19 practice medicine under ORS chapter 677 who practice in rural areas of this state in cooperation
20 with the respective professional organizations, including the Oregon Medical Association and the
21 Oregon Society of Physician Assistants.

22 (c) The university shall seek funding through grants and other means to implement and operate
23 a fellowship program for physicians, physician assistants and nurse practitioners intending to prac-
24 tice in rural areas.

25 (2) With the moneys transferred to the Area Health Education Center program by ORS 442.625,
26 the program shall:

27 (a) Establish educational opportunities for emergency medical technicians in rural counties;

28 (b) Contract with educational facilities qualified to conduct emergency medical training pro-
29 grams using a curriculum approved by the Emergency [*Medical Services and Trauma Systems*]
30 **Health Care System** Program created in ORS 431.623; and

31 (c) Review requests for training funds with input from the State Emergency Medical Service
32 Committee and other individuals with expertise in emergency medical services.

33 **SECTION 17.** ORS 442.625 is amended to read:

34 442.625. (1) The Emergency Medical Services Enhancement Account is established separate and
35 distinct from the General Fund. Interest earned on moneys in the account shall accrue to the ac-
36 count. All moneys deposited in the account are continuously appropriated to the Department of
37 Revenue for the purposes of this section.

38 (2) The Department of Revenue shall distribute moneys in the Emergency Medical Services En-
39 hancement Account in the following manner:

40 (a) 35 percent of the moneys in the account shall be transferred to the Office of Rural Health
41 established under ORS 442.475 for the purpose of enhancing emergency medical services in rural
42 areas as specified in ORS 442.507.

43 (b) 25 percent of the moneys in the account shall be transferred to the Emergency [*Medical*
44 *Services and Trauma Systems*] **Health Care System** Program established under ORS 431.623.

45 (c) 35 percent of the moneys in the account shall be transferred to the Area Health Education

1 Center program established under ORS 353.450.

2 (d) 5 percent of the moneys in the account shall be transferred to the Oregon Poison Center
3 referred to in ORS 431.890.

4 **(3) The Department of Revenue may accept contributions of funds and assistance from**
5 **the United States Government or its agencies or from any other source, public or private,**
6 **and agree to conditions not inconsistent with the purposes of ORS 353.450, 431.623, 431.890**
7 **and 442.507.**

8 **SECTION 18.** ORS 445.030 is amended to read:

9 445.030. (1) There is created a fund to be known as the Motor Vehicle Accident Fund, to be held
10 and deposited by the State Treasurer in such banks as are authorized to receive deposits of the
11 General Fund.

12 (2) All moneys received by the Oregon Health Authority under this chapter shall forthwith be
13 paid to the State Treasurer, and shall become a part of the fund.

14 (3) The following shall be paid from the fund:

15 (a) All claims and benefits allowed by the authority or finally adjudged affirmatively by a court
16 on appeal in the amounts allowed or adjudged and within the limitations of ORS 445.060 and 445.070.

17 (b) All expenses of litigation incurred by the authority on any appeal.

18 (c) All court costs and disbursements assessed against the authority.

19 (d) All salaries, clerk hire, advances and reimbursement of travel costs and expenses incurred
20 by the authority in the administration of this chapter.

21 (e) Expenses incurred by the authority in the administration of the Emergency [*Medical Services*
22 *and Trauma Systems*] **Health Care System** Program created pursuant to ORS 431.623. The total
23 amount of all payments from the fund for purposes of this paragraph shall be equal to \$891,450 each
24 biennium.

25 (4) Liability for payment of claims or judgments thereon, or both, and expenses authorized by
26 this chapter shall be limited to the fund and all additions thereto made under this chapter.

27 **SECTION 19.** (1) **The Director of the Oregon Health Authority shall appoint a Stroke Care**
28 **Committee with at least eight members as follows:**

29 (a) **One physician who specializes in the care of stroke patients;**

30 (b) **One physician who specializes in emergency medicine;**

31 (c) **One hospital administrator from a hospital that is designated as an emergency health**
32 **care center under ORS 431.627 and that specializes in the care of stroke patients;**

33 (d) **One stroke nurse coordinator or emergency department nurse who works in an**
34 **emergency department in an emergency health care center designated under ORS 431.627**
35 **that specializes in the care of stroke patients;**

36 (e) **One emergency medical services provider working for a licensed ambulance service;**

37 (f) **One physician who specializes in rehabilitative medicine;**

38 (g) **One individual who has experience advocating for the care of stroke patients and who**
39 **is not a health care provider; and**

40 (h) **One member of the public.**

41 (2) **The committee must include:**

42 (a) **At least one member from at least half of the trauma and emergency health care**
43 **regions established under ORS 431.613, including at least one member from a predominantly**
44 **rural region; and**

45 (b) **No more than three members from any trauma and emergency health care region**

1 established under ORS 431.613.

2 (3) The director may select the public member of the committee from among persons
3 who submit letters of application in response to public notice by the Oregon Health Author-
4 ity. The public member may not have an economic interest in any decision of the committee.

5 (4) The term of each member of the committee is four years, but a member serves at the
6 pleasure of the director. The terms must be staggered so that no more than two terms end
7 each year. A member may serve no more than two consecutive terms. Vacancies shall be
8 filled by the director for the unexpired term.

9 (5) The committee shall elect a chairperson from among its members.

10 (6) The committee shall meet at the call of the director.

11 (7) The committee shall:

12 (a) Advise the authority in meeting objectives related to stroke care as part of the
13 Emergency Health Care System Program;

14 (b) Advise the authority on the adoption of rules, policies and procedures relating to
15 stroke care, including but not limited to evidence-based emergency stroke care triage,
16 transport and transfer guidelines;

17 (c) Analyze data related to the prevention and treatment of strokes; and

18 (d) Suggest improvements to the stroke care system.

19 (8) Members of the committee are not entitled to compensation, but may be reimbursed
20 from funds available to the authority for actual and necessary travel and other expenses
21 incurred by them in the performance of their official duties in the manner and amounts
22 provided for in ORS 292.495.

23 **SECTION 20.** ORS 431.609 is repealed.

24 **SECTION 21.** (1) The amendments to ORS 127.675, 181.637, 353.450, 431.607, 431.611,
25 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and 682.039 by
26 sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by section 20 of
27 this 2011 Act become operative on January 1, 2012.

28 (2) The Oregon Health Authority may take any action before the operative date specified
29 in subsection (1) of this section that is necessary to enable the authority to exercise, on and
30 after the operative date specified in subsection (1) of this section, all of the duties, functions
31 and powers conferred on the authority by the amendments to ORS 127.675, 181.637, 353.450,
32 431.607, 431.611, 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and
33 682.039 by sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by
34 section 20 of this 2011 Act.

35 **SECTION 22.** This 2011 Act being necessary for the immediate preservation of the public
36 peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect
37 on its passage.

38