

Senate Bill 234

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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 **as introduced**.

Modifies provisions relating to emergency medical services.
Changes name of Emergency Medical Services and Trauma Systems Program to Emergency Health Care System Program.
Changes name of Oregon Trauma Registry to Oregon Emergency Health Care and Trauma Registries.
Creates Emergency Health Care System Advisory Board, State Trauma Advisory Board 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 emergency [*med-*
23 *ical services and trauma system.*] **health care system that includes, but is not limited to:**

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

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

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 (c) Establishing data systems;

2 (d) Establishing coordination between specialties providing emergency health care in the
3 emergency health care system; and

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

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

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

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

14 431.611. (1) *[Prior to approval and implementation of area trauma plans submitted to the Oregon*
15 *Health Authority by area trauma advisory boards,]* The **Oregon Health** Authority shall adopt rules
16 pursuant to ORS chapter 183 which specify *[state trauma]*:

17 (a) **Emergency health care** objectives and standards[.];

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

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

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

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

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

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

37 431.613. (1)(a) **With the advice of the Emergency Health Care System Advisory Board and**
38 **the State Trauma Advisory Board, the Oregon Health Authority shall designate emergency**
39 **health care regions within the state consistent with local resources, geography and current**
40 **patient referral patterns.**

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

44 (2) **For each emergency health care region, the authority shall create a regional emer-**
45 **gency health care committee to:**

1 (a) Establish and recommend to the authority a regional emergency health care system
 2 plan that meets the standards set forth by the authority by rule and that includes patient
 3 care guidelines and a plan for deployment of resources, coordination of delivery of emergency
 4 and trauma care, monitoring system performance and quality improvement;

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

8 (c) Advise the Emergency Health Care System Advisory Board and the authority on the
 9 adoption of rules, policies and procedures regarding the regional emergency health care
 10 system plan;

11 (d) Participate in the promotion and implementation of the regional emergency health
 12 care system plan by making recommendations about changes to the emergency health care
 13 system to the authority and to health care providers;

14 (e) Develop regional triage protocols; and

15 (f) Provide an annual report to the authority that includes any recommended modifica-
 16 tions to the regional emergency health care system plan.

17 [(1)] (3) [Area trauma advisory boards] A regional emergency health care advisory commit-
 18 tee shall meet as often as necessary to identify specific [trauma area] emergency health care needs
 19 and problems and propose to the [Oregon Health] authority [area trauma system] regional emer-
 20 gency health care system plans and changes that meet state standards and objectives. The au-
 21 thority, acting with the advice of the [State Trauma] Emergency Health Care System Advisory
 22 Board [will have], has the authority to approve and implement [these] regional emergency health
 23 care system plans.

24 [(2)] (4) [In concurrence with the Governor,] The authority shall select members for each [area]
 25 regional emergency health care committee from lists submitted by local associations of emer-
 26 gency medical technicians, emergency nurses, emergency physicians, surgeons, hospital administra-
 27 tors, emergency medical services agencies and citizens at large. Members [shall] must be broadly
 28 representative of the [trauma area as a whole and shall] emergency health care region. Each
 29 regional emergency health care committee must consist of at least [15] seven members [per area
 30 trauma advisory board], including:

31 [(a)] Three surgeons;

32 [(b)] Two physicians serving as emergency physicians;

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

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

35 (b) One hospital administrator;

36 [(d)] (c) Two nurses [serving as emergency nurses] specializing in providing emergency health
 37 care at different hospitals;

38 [(e)] (d) Two emergency medical technicians serving different emergency medical services; and

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

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

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

44 [(h)] One anesthesiologist; and]

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

1 **(6) Members of a regional emergency health care committee are not entitled to compen-**
 2 **sation, but may be reimbursed from funds available to the authority for actual and necessary**
 3 **travel and other expenses incurred by them in the performance of their official duties in the**
 4 **manner and amounts provided for in ORS 292.495.**

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

6 431.617. (1) A provider [*may not be held*] **is not** liable for [*acting*] **transporting a patient in**
 7 **accordance with [*approved trauma system plans*] a regional emergency health care system plan**
 8 **approved under ORS 431.613.**

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

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

14 431.623. (1) The Emergency [*Medical Services and Trauma Systems*] **Health Care System Pro-**
 15 **gram is created within the Oregon Health Authority for the [*purpose*] purposes of:**

16 **(a)** Administering and regulating ambulances[.];

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

18 **(c)** Establishing, **monitoring** and maintaining **an** emergency [*medical systems including trauma*
 19 *systems*] **health care system to provide care, as specified by the program by rule, to patients**
 20 **who meet criteria specified by the program by rule; and**

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

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

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

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

31 **(a)** Developing state and regional standards of care;

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

33 **(c)** Implementing quality improvement programs;

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

36 **(e)** Providing ancillary services to enhance Oregon's emergency [*medical service*] **health care**
 37 **system.**

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

40 **(a)** The information that must be reported by trauma centers;

41 **(b)** The form and frequency of reporting; and

42 **(c)** Procedures and standards for the administration of the [*registry*] **registries.**

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

44 431.627. (1) [*In addition to and not in lieu of ORS 431.607 to 431.617,*] The Oregon Health Au-
 45 **thority shall designate trauma centers** [*in areas that are within the jurisdiction of trauma advisory*]

boards other than in the area within the jurisdiction of area trauma advisory board 1.] **and emergency health care centers in emergency health care regions designated under ORS 431.613.**

The authority shall adopt rules:

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

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

(2) The authority shall [*enter into contracts with designated trauma centers and*] monitor and assure quality of care [*and appropriate costs*] for trauma **and emergency health care** patients [*meeting trauma system entry criteria*] **included in the statewide categorization of patients established by the authority under ORS 431.607.**

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

(4)(a) All data received or compiled by the State Trauma Advisory Board [*or any area trauma advisory board*], **the Emergency Health Care System Advisory Board or a regional emergency health care committee established under ORS 431.613** in conjunction with authority monitoring and assuring quality of trauma [*patient*] **or emergency health care** [*shall be*] **are confidential and privileged, nondiscoverable and inadmissible in any proceeding. [No] A person serving on or communicating information to the State Trauma Advisory Board [or an area trauma advisory board shall], the Emergency Health Care System Advisory Board or a regional emergency health care committee established under ORS 431.613 may not be examined [as to any such] about those** communications or [*to*] **about** the findings or recommendations of [*such board*] **the board or committee.** A person serving on or communicating information to the State Trauma Advisory Board [*or an area trauma advisory board shall not be*], **the Emergency Health Care System Advisory Board or a regional emergency health care committee established under ORS 431.613 is not** subject to an action for civil damages for actions taken or statements made in good faith. Nothing in this section affects the admissibility in evidence of a party's medical records not otherwise confidential or privileged dealing with the party's medical care. The confidentiality provisions of ORS 41.675 and 41.685 [*shall*] also apply to the monitoring and quality assurance activities of the State Trauma Advisory Board, [*area trauma advisory boards*] **the Emergency Health Care System Advisory Board, regional emergency health care committees established under ORS 431.613 and** the authority.

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

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

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

SECTION 7. ORS 431.633 is amended to read:

431.633. (1) [*Designated*] Trauma centers and **emergency health care centers designated un-**

1 **der ORS 431.627, emergency health care providers specified by the Emergency Health Care**
 2 **System Program by rule**, physical rehabilitation centers, alcohol and drug rehabilitation centers
 3 and ambulances shall develop a monthly log of all unsponsored, inadequately insured trauma system
 4 patients determined by the hospital to have an injury severity score greater than or equal to 13, and
 5 submit monthly to the Emergency [*Medical Services and Trauma Systems*] **Health Care System**
 6 Program the true costs and unpaid balance for the care of these patients.

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

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

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

14 (3) The Emergency [*Medical Services and Trauma Systems*] **Health Care System** Program shall
 15 cause providers to be reimbursed in the following decreasing order of priority:

16 (a) Designated trauma centers and providers;

17 (b) Physical rehabilitation centers;

18 (c) Alcohol and drug rehabilitation centers; and

19 (d) Ambulances.

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

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

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

30 431.635. (1) As used in this section, "individually identifiable information" means:

31 (a) Individually identifiable health information as that term is defined in ORS 179.505; and

32 (b) Information that could be used to identify a health care provider, ambulance service, medical
 33 transportation agency or health care facility.

34 (2) **The following entities shall report information to the Oregon Emergency Health Care**
 35 **and Trauma Registries in accordance with rules adopted by the Oregon Health Authority:**

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

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

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

40 [(2)] (3) Notwithstanding ORS 431.627, individually identifiable information may be released from
 41 the Oregon **Emergency Health Care and Trauma Registries** [*Trauma Registry*]:

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

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

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

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

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

3 (D) **The Emergency Health Care System Advisory Board appointed under section 11 of**
 4 **this 2011 Act; or**

5 (E) **A regional emergency health care committee established under ORS 431.613.**

6 (b) For quality assurance or quality improvement purposes to an emergency medical services
 7 provider or a [*designated*] trauma center **or emergency health care center designated under ORS**
 8 **431.627** if the information is related to the treatment of an individual by the provider or center.

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

12 [(3)] (4) The Oregon Health Authority may release only the minimum amount of individually
 13 identifiable information necessary to carry out the purposes for which [*it*] **the information** is re-
 14 leased under this section.

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

16 431.671. (1) [*Subject to available funding from gifts, grants or donations,*] The Emergency Medical
 17 Services for Children Program is established in the Oregon Health Authority. The Emergency Med-
 18 ical Services for Children Program shall operate in cooperation with the Emergency [*Medical Ser-*
 19 *vices and Trauma Systems*] **Health Care System** Program to promote the delivery of emergency
 20 medical and trauma services to the children of Oregon.

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

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

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

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

31 (d) Establish [*an Emergency Medical Services for Children Advisory Committee*] **the State**
 32 **Pediatric Emergency Health Care Advisory Committee, as provided in section 13 of this 2011**
 33 **Act, to serve as the committee for emergency medical services for children required under**
 34 **federal law.**

35 (e) Establish guidelines for:

36 (A) The approval of emergency and critical care medical service facilities for pediatric care, and
 37 for the designation of specialized regional pediatric critical care centers and pediatric trauma care
 38 centers.

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

40 (C) Necessary prehospital and other pediatric emergency and critical care medical service
 41 equipment.

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

45 (E) Protocols for prehospital and hospital facilities encompassing all levels of pediatric emer-

1 agency services, pediatric critical care and pediatric trauma care.

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

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

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

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

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

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

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

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

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

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

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

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

32 (d) One hospital administrator.

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

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

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

37 (2) The committee [*shall*] **must** include at least one resident but no more than three residents
38 from each [*region served by one area trauma advisory board*] **emergency health care region es-**
39 **tablished under ORS 431.613** at the time of appointment.

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

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

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

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

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

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

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

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

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

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

20 **SECTION 11. (1) The Director of the Oregon Health Authority shall appoint an Emer-**
21 **gency Health Care System Advisory Board composed of 11 members as follows:**

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

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

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

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

27 (e) **One physician who works at an emergency health care center designated under ORS**
28 **431.627;**

29 (f) **One physician who works at a pediatric critical care center;**

30 (g) **One hospital administrator of a hospital with an emergency department;**

31 (h) **One person who operates an ambulance service;**

32 (i) **One member of the public;**

33 (j) **One person who represents a third party payer of health care; and**

34 (k) **One nurse who manages staff in an emergency department of a hospital.**

35 (2) **The board must include at least one but no more than five residents of each emer-**
36 **gency health care region established under ORS 431.613.**

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

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

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

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

43 (a) **The statewide categorization of patients;**

44 (b) **Approval of regional emergency health care system plans;**

45 (c) **The establishment and use of the Oregon Emergency Health Care and Trauma Reg-**

1 **istries established under ORS 431.623;**

2 **(d) Workforce needs;**

3 **(e) Coordination of care between specialties; and**

4 **(f) Other matters identified by the authority.**

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

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

11 **(a) Two physicians who are surgeons;**

12 **(b) Two physicians who specialize in emergency medicine;**

13 **(c) One hospital administrator from a hospital designated as a trauma center under ORS**
 14 **431.627;**

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

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

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

19 **(g) One member of the public;**

20 **(h) One anesthesiologist;**

21 **(i) One physician specializing in orthopedics;**

22 **(j) One physician specializing in neurosurgery;**

23 **(k) One physician specializing in rehabilitative medicine;**

24 **(L) One person specializing in injury prevention;**

25 **(m) One ambulance service owner or operator;**

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

27 **(o) The physician who works at a trauma center designated under ORS 431.627 who is**
 28 **appointed to the Emergency Health Care System Advisory Board under section 11 (1)(d) of**
 29 **this 2011 Act.**

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

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

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

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

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

40 **(7) The board shall:**

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

43 **(b) Advise the authority on the adoption of rules, policies and procedures regarding the**
 44 **trauma system; and**

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

1 (d) Suggest improvements to the trauma system.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

31 127.675. (1) There is established the Oregon POLST Registry Advisory Committee to advise the
 32 Oregon Health Authority regarding the implementation, operation and evaluation of the POLST
 33 registry.

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

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

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

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

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

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

45 (f) An emergency medical technician actively involved in providing emergency medical services;

1 and

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

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

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

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

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

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

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

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

22 181.637. (1) The Board on Public Safety Standards and Training shall establish the following
 23 policy committees:

- 24 (a) Corrections Policy Committee;
- 25 (b) Fire Policy Committee;
- 26 (c) Police Policy Committee;
- 27 (d) Telecommunications Policy Committee; and
- 28 (e) Private Security Policy Committee.

29 (2) The members of each policy committee shall select a chairperson and vice chairperson for
 30 the policy committee. Only members of the policy committee who are also members of the board are
 31 eligible to serve as a chairperson or vice chairperson. The vice chairperson may act as chairperson
 32 in the absence of the chairperson.

33 (3) The Corrections Policy Committee consists of:

- 34 (a) All of the board members who represent the corrections discipline;
- 35 (b) The chief administrative officer of the training division of the Department of Corrections;
- 36 (c) A security manager from the Department of Corrections recommended by the Director of the
 37 Department of Corrections; and

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

- 40 (A) One person recommended by and representing the Oregon State Sheriffs' Association;
- 41 (B) Two persons recommended by and representing the Oregon Sheriff's Jail Command Council;
- 42 (C) One person recommended by and representing a statewide association of community cor-
 43 rections directors;
- 44 (D) One nonmanagement corrections officer employed by the Department of Corrections;
- 45 (E) One corrections officer who is a female, who is employed by the Department of Corrections

- 1 at a women’s correctional facility and who is a member of a bargaining unit; and
- 2 (F) Two nonmanagement corrections officers.
- 3 (4) The Fire Policy Committee consists of:
- 4 (a) All of the board members who represent the fire service discipline; and
- 5 (b) The following, who may not be current board members, appointed by the chairperson of the
- 6 board:
- 7 (A) One person recommended by and representing a statewide association of fire instructors;
- 8 (B) One person recommended by and representing a statewide association of fire marshals;
- 9 (C) One person recommended by and representing community college fire programs;
- 10 (D) One nonmanagement firefighter recommended by a statewide organization of firefighters; and
- 11 (E) One person representing the forest protection agencies and recommended by the State
- 12 Forestry Department.
- 13 (5) The Police Policy Committee consists of:
- 14 (a) All of the board members who represent the law enforcement discipline; and
- 15 (b) The following, who may not be current board members, appointed by the chairperson of the
- 16 board:
- 17 (A) One person recommended by and representing the Oregon Association Chiefs of Police;
- 18 (B) Two persons recommended by and representing the Oregon State Sheriffs’ Association;
- 19 (C) One command officer recommended by and representing the Oregon State Police; and
- 20 (D) Three nonmanagement law enforcement officers.
- 21 (6) The Telecommunications Policy Committee consists of:
- 22 (a) All of the board members who represent the telecommunications discipline; and
- 23 (b) The following, who may not be current board members, appointed by the chairperson of the
- 24 board:
- 25 (A) Two persons recommended by and representing a statewide association of public safety
- 26 communications officers;
- 27 (B) One person recommended by and representing the Oregon Association Chiefs of Police;
- 28 (C) One person recommended by and representing the Oregon State Police;
- 29 (D) Two persons representing telecommunicators;
- 30 (E) One person recommended by and representing the Oregon State Sheriffs’ Association;
- 31 (F) One person recommended by and representing the Oregon Fire Chiefs Association;
- 32 (G) One person recommended by and representing the Emergency [*Medical Services and Trauma*
- 33 *Systems*] **Health Care System** Program [*of the Oregon Health Authority*] **created in ORS 431.623**;
- 34 and
- 35 (H) One person representing paramedics and recommended by a statewide association dealing
- 36 with fire medical issues.
- 37 (7) The Private Security Policy Committee consists of:
- 38 (a) All of the board members who represent the private security industry; and
- 39 (b) The following, who may not be current board members, appointed by the chairperson of the
- 40 board:
- 41 (A) One person representing unarmed private security professionals;
- 42 (B) One person representing armed private security professionals;
- 43 (C) One person representing the health care industry;
- 44 (D) One person representing the manufacturing industry;
- 45 (E) One person representing the retail industry;

1 (F) One person representing the hospitality industry;

2 (G) One person representing private business or a governmental entity that utilizes private se-
3 curity services;

4 (H) One person representing persons who monitor alarm systems;

5 (I) Two persons who are investigators licensed under ORS 703.430, one of whom is recommended
6 by the Oregon State Bar and one of whom is in private practice; and

7 (J) One person who represents the public at large and who is not related within the second de-
8 gree by affinity or consanguinity to a person who is employed or doing business as a private security
9 professional or executive manager, as defined in ORS 181.870, or as an investigator, as defined in
10 ORS 703.401.

11 (8) In making appointments to the policy committees under this section, the chairperson of the
12 board shall seek to reflect the diversity of the state's population. An appointment made by the
13 chairperson of the board must be ratified by the board before the appointment is effective. The
14 chairperson of the board may remove an appointed member for just cause. An appointment to a
15 policy committee that is based on the member's employment is automatically revoked if the member
16 changes employment. The chairperson of the board shall fill a vacancy in the same manner as
17 making an initial appointment. The term of an appointed member is two years. An appointed member
18 may be appointed to a second term.

19 (9) A policy committee may meet at such times and places as determined by the policy commit-
20 tee in consultation with the Department of Public Safety Standards and Training. A majority of a
21 policy committee constitutes a quorum to conduct business. A policy committee may create sub-
22 committees if needed.

23 (10)(a) Each policy committee shall develop policies, requirements, standards and rules relating
24 to its specific discipline. A policy committee shall submit its policies, requirements, standards and
25 rules to the board for the board's consideration. When a policy committee submits a policy, re-
26 quirement, standard or rule to the board for the board's consideration, the board shall:

27 (A) Approve the policy, requirement, standard or rule;

28 (B) Disapprove the policy, requirement, standard or rule; or

29 (C) Defer a decision and return the matter to the policy committee for revision or reconsider-
30 ation.

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

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

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

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

41 353.450. (1) It is the finding of the Legislative Assembly that there is need to provide programs
42 that will assist a rural community to recruit and retain physicians, physician assistants and nurse
43 practitioners. For that purpose:

44 (a) The Legislative Assembly supports the development at the Oregon Health and Science Uni-
45 versity of an Area Health Education Center program as provided for under the United States Public

1 Health Service Act, Section 781.

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

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

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

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

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

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

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

18 442.625. (1) The Emergency Medical Services Enhancement Account is established separate and
19 distinct from the General Fund. Interest earned on moneys in the account shall accrue to the ac-
20 count. All moneys deposited in the account are continuously appropriated to the Department of
21 Revenue for the purposes of this section.

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

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

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

29 (c) 35 percent of the moneys in the account shall be transferred to the Area Health Education
30 Center program established under ORS 353.450.

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

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

34 445.030. (1) There is created a fund to be known as the Motor Vehicle Accident Fund, to be held
35 and deposited by the State Treasurer in such banks as are authorized to receive deposits of the
36 General Fund.

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

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

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

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

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

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

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

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

7 **SECTION 19. ORS 431.609 is repealed.**

8 **SECTION 20. (1) The amendments to ORS 127.675, 181.637, 353.450, 431.607, 431.611,**
9 **431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and 682.039 by**
10 **sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by section 19 of**
11 **this 2011 Act become operative on January 1, 2012.**

12 **(2) The Oregon Health Authority may take any action before the operative date specified**
13 **in subsection (1) of this section that is necessary to enable the authority to exercise, on and**
14 **after the operative date specified in subsection (1) of this section, all of the duties, functions**
15 **and powers conferred on the authority by the amendments to ORS 127.675, 181.637, 353.450,**
16 **431.607, 431.611, 431.613, 431.617, 431.623, 431.627, 431.633, 431.635, 431.671, 442.625, 445.030 and**
17 **682.039 by sections 1 to 10 and 14 to 18 of this 2011 Act and the repeal of ORS 431.609 by**
18 **section 19 of this 2011 Act.**

19 **SECTION 21. This 2011 Act being necessary for the immediate preservation of the public**
20 **peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect**
21 **on its passage.**

22