

House Bill 2076

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Oregon Health Authority)

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**.

Establishes Emergency Health Care Systems Program and Emergency Health Care System Advisory Board within Oregon Health Authority. Directs authority to designate emergency health care centers for provision of cardiac and pediatric emergency health care. Modifies terminology related to emergency medical services. Authorizes Governor to make available for use emergency medical services personnel and equipment. Creates offense of unlawful operation of unlicensed emergency medical services agency. Punishes by maximum of 364 days' imprisonment, \$6,250 fine, or both. Becomes operative January 1, 2022.

Directs authority to designate emergency health care regions within state. Becomes operative January 1, 2023.

Directs authority to designate emergency health care centers for provision of stroke and trauma emergency health care. Directs program to establish emergency health care data systems for collection of information related to emergency health care in this state. Requires licensure for nontransport EMS service. Defines "nontransport EMS service." Becomes operative January 1, 2025.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to emergency medical services; creating new provisions; amending ORS 146.015, 181A.375,
3 353.450, 431A.055, 431A.100, 441.020, 442.507, 442.870, 445.030, 478.260, 682.017, 682.025, 682.031,
4 682.035, 682.041, 682.045, 682.047, 682.051, 682.056, 682.059, 682.062, 682.063, 682.066, 682.068,
5 682.075, 682.079, 682.085, 682.089, 682.105, 682.107, 682.204, 682.208, 682.216, 682.218, 682.220,
6 682.224 and 682.245; repealing ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075,
7 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525, 431A.530, 682.027 and
8 682.039; and prescribing an effective date.

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

OREGON EMERGENCY HEALTH CARE SYSTEM 2022

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13 **SECTION 1. Sections 2 to 10 of this 2021 Act are added to and made a part of ORS**
14 **chapter 682.**

15 **SECTION 2. Sections 2 to 10 of this 2021 Act shall be known as the Oregon Emergency**
16 **Health Care Systems Act.**

17 **SECTION 3. (1) The Emergency Health Care Systems Program is established within the**
18 **Oregon Health Authority for the purpose of administering a comprehensive statewide emer-**
19 **gency health care system developed by the authority in cooperation with representatives of**
20 **emergency health care professions. The system must include:**

- 21 (a) **The regulation of emergency medical services agencies;**
22 (b) **The regulation, training and licensing of emergency medical services providers; and**
23 (c) **The development and maintenance of emergency health care data systems.**
24 (2) **The program shall be administered by a director who:**

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 (a) Is responsible for conducting emergency health care system oversight and identifying
2 and implementing best practices for patient safety.

3 (b) Shall apply funds allocated to the program in the following order of priority:

4 (A) Development of state and regional standards of care;

5 (B) Development of a statewide educational curriculum to teach the standards of care;

6 (C) Implementation of quality improvement programs; and

7 (D) Support for and enhancement of the state's emergency health care system.

8 (c) May adopt rules as necessary to carry out the director's duties and responsibilities
9 described in this subsection.

10 (3) The program shall have a State EMS Medical Director who is responsible for:

11 (a) Providing specialized medical oversight in the development and administration of the
12 program;

13 (b) Implementing emergency health care system quality improvement measures;

14 (c) Undertaking research and providing public education regarding emergency health care
15 systems; and

16 (d) Serving as a liaison with emergency medical services agencies, emergency health care
17 centers, hospitals, state and national emergency medical services professional organizations
18 and state and federal partners.

19 (4) The authority shall publish, on a website operated by or on behalf of the program, a
20 biennial report regarding the program's activities.

21 **SECTION 4.** (1) The Emergency Health Care System Advisory Board is established within
22 the Oregon Health Authority. The authority shall provide staffing for the board. The board
23 consists of 15 members appointed by the Director of the Oregon Health Authority. Of the
24 members of the board:

25 (a) One must be a physician who specializes in the treatment of trauma patients;

26 (b) One must be a physician who specializes in the treatment of stroke patients;

27 (c) One must be a physician who specializes in the treatment of pediatric patients;

28 (d) One must by a physician who specializes in the treatment of cardiac patients;

29 (e) One must be a physician who specializes in the treatment of medical emergencies;

30 (f) One must be a physician who is an EMS medical director;

31 (g) One must be a hospital administrator in a hospital that operates an emergency de-
32 partment;

33 (h) One must be a person who represents a private emergency medical services agency
34 licensed under ORS 682.047 and who is an emergency medical services provider licensed un-
35 der ORS 682.216;

36 (i) One must be a person who represents a public emergency medical services agency li-
37 censed under ORS 682.047 and who is an emergency medical services provider licensed under
38 ORS 682.216;

39 (j) Two must be persons who are patient advocates, one of whom specializes in health
40 equity and one of whom specializes in behavioral health;

41 (k) One must be a representative of a third-party payer of health care insurance;

42 (L) One must be an emergency medical services provider who works in an area of Oregon
43 that borders another state; and

44 (m) Two must be nurses who manage staff in an emergency department of a hospital.

45 (2)(a) The physician members of the board must be physicians licensed under ORS chap-

1 ter 677 who are in good standing.

2 (b) The nurse members of the board must be nurses licensed to practice under ORS
3 678.010 to 678.410 who are in good standing.

4 (c) The members of the board who represent emergency medical service agencies must
5 hold valid licenses in good standing.

6 (3) Board membership must reflect the geographic, cultural, linguistic and economic di-
7 versity of this state.

8 (4) The term of office of each member of the board is four years, but a member serves
9 at the pleasure of the Director of the Oregon Health Authority. Before the expiration of the
10 term of a member, the director shall appoint a successor whose term begins on January 1
11 next following. A member is eligible for reappointment for no more than two consecutive
12 terms. If there is a vacancy for any cause, the director shall make an appointment to become
13 immediately effective for the unexpired term.

14 (5) The board shall choose a chairperson and shall meet at the call of the authority.

15 (6) A member of the board is entitled to compensation and expenses as provided under
16 ORS 292.495.

17 (7) The board may adopt rules as necessary to carry out its duties under sections 2 to
18 10 of this 2021 Act.

19 **SECTION 5.** The Emergency Health Care System Advisory Board shall:

20 (1) Provide advice and recommendations to the Oregon Health Authority on the following:

21 (a) A definition of “patient” for purposes of emergency health care;

22 (b) Emergency health care workforce needs;

23 (c) Coordination of care between health care specialties; and

24 (d) Other matters as determined by the authority.

25 (2) Convene the following permanent advisory committees:

26 (a) Time-Sensitive Medical Emergencies Advisory Committee, as described in section 6
27 of this 2021 Act;

28 (b) Emergency Medical Services Advisory Committee, as described in section 8 of this
29 2021 Act; and

30 (c) Pediatric Emergency Medical Services Advisory Committee, as described in section 7
31 of this 2021 Act.

32 **SECTION 6.** (1) The Time-Sensitive Medical Emergencies Advisory Committee is estab-
33 lished in the Emergency Health Care System Advisory Board. The committee shall consist
34 of members determined by the board and the Oregon Health Authority.

35 (2) The committee shall provide advice and recommendations to the board and the au-
36 thority regarding time-sensitive medical emergencies, including cardiac, stroke and trauma
37 emergencies, on the following objectives:

38 (a) The regionalization and improvement of care for time-sensitive medical emergencies;
39 and

40 (b) The designation of emergency health care centers for the provision of care for time-
41 sensitive medical emergencies.

42 (3) The committee shall:

43 (a) Advise the board and the authority with respect to the authority’s duties related to
44 cardiac, stroke and trauma care;

45 (b) Advise the board and the authority on the adoption of rules related to cardiac, stroke

1 and trauma care;

2 (c) Analyze data related to cardiac, stroke and trauma emergencies; and

3 (d) Suggest improvements to the board and the authority to the Emergency Health Care
4 Systems Program regarding cardiac, stroke and trauma care.

5 (4) The authority may adopt rules as necessary to carry out this section.

6 **SECTION 7.** (1) The Pediatric Emergency Medical Services Advisory Committee is es-
7 tablished in the Emergency Health Care System Advisory Board. The committee shall consist
8 of members determined by the board and the Oregon Health Authority.

9 (2) The committee shall provide advice and recommendations to the board and the au-
10 thority regarding pediatric medical emergencies on the following objectives:

11 (a) The integration of pediatric emergency medical services into the Emergency Health
12 Care Systems Program;

13 (b) The regionalization and improvement of care for pediatric medical emergencies; and

14 (c) The designation of emergency health care centers for the provision of care for
15 pediatric medical emergencies.

16 (3) With the advice of the Pediatric Emergency Medical Services Advisory Committee,
17 the authority shall:

18 (a) Employ or contract with professional, technical, research and clerical staff to imple-
19 ment this subsection.

20 (b) Provide technical assistance to the Emergency Medical Services Advisory Committee
21 on the integration of an emergency medical services for children program into the Emer-
22 gency Health Care Systems Program.

23 (c) Provide advice and technical assistance to the Time-Sensitive Medical Emergencies
24 Advisory Committee on the regionalization of an emergency medical services for children
25 program.

26 (d) Establish guidelines for:

27 (A) The designation of specialized regional pediatric critical care centers and pediatric
28 trauma care centers.

29 (B) Referring children to appropriate emergency or critical care centers.

30 (C) Necessary prehospital and other pediatric emergency and critical care medical service
31 equipment.

32 (D) Developing a coordinated system that will allow children to receive appropriate initial
33 stabilization and treatment with timely provision of, or referral to, the appropriate level of
34 care, including critical care, trauma care or pediatric subspecialty care.

35 (E) An interfacility transfer system for critically ill or injured children.

36 (F) Continuing professional education programs for emergency medical services person-
37 nel, including training in the emergency care of infants and children.

38 (G) A public education program concerning the emergency medical services for children
39 program, including information on emergency access telephone numbers.

40 (H) The collection and analysis of statewide pediatric emergency and critical care medical
41 services data from emergency and critical care medical service facilities for the purpose of
42 quality improvement by those facilities, subject to relevant confidentiality requirements.

43 (I) The establishment of cooperative interstate relationships to facilitate the provision
44 of appropriate care for pediatric patients who must cross state borders to receive emergency
45 and critical care services.

1 (J) Coordination and cooperation between the emergency medical services for children
2 program and other public and private organizations interested or involved in emergency and
3 critical care for children.

4 (4) The authority may adopt rules as necessary to carry out this section.

5 **SECTION 8.** (1) The Emergency Medical Services Advisory Committee is established in
6 the Emergency Health Care System Advisory Board. The committee shall consist of members
7 determined by the board and the Oregon Health Authority.

8 (2) The committee shall provide advice and recommendations to the Emergency Health
9 Care System Advisory Board and the authority regarding emergency medical services, in-
10 cluding on the following objectives:

11 (a) The regionalization and improvement of emergency medical services, including the
12 coordination and planning of emergency medical services efforts;

13 (b) The designation of emergency health care centers for the provision of care for med-
14 ical emergencies; and

15 (c) The adoption of rules related to emergency medical services.

16 (3) The chairperson of the committee shall appoint an advisory subcommittee on the
17 licensure and discipline of emergency medical service providers. The subcommittee shall ad-
18 vise the authority and the Oregon Medical Board on the adoption of rules under this sub-
19 section.

20 (4) The committee may:

21 (a) Assist the Time-Sensitive Medical Emergencies Advisory Committee and the Pediatric
22 Emergency Medical Services Advisory Committee in coordination and planning efforts; and

23 (b) Provide other assistance to the Emergency Health Care System Advisory Board as
24 the board requests.

25 (5) The authority may adopt rules as necessary to carry out this section.

26 **SECTION 9.** (1) The Oregon Health Authority shall designate emergency health care
27 centers for the provision of cardiac and pediatric patient care.

28 (2) The authority shall develop standards for emergency health care centers designated
29 under subsection (1) of this section that:

30 (a) Specify the type of care that the emergency health care center is designated to pro-
31 vide; and

32 (b) Provide for the monitoring and assurance of quality care to patients.

33 (3) All findings and conclusions, interviews, reports, studies, communications and state-
34 ments procured by or provided to the authority or the Emergency Health Care System Ad-
35 visory Board in connection with obtaining data necessary to perform patient care quality
36 assurance functions are confidential pursuant to ORS 192.338, 192.345 and 192.355.

37 (4)(a) All data, including written reports, notes, records and recommendations, received
38 or compiled by the Emergency Health Care System Advisory Board in conjunction with the
39 authority's duties under subsection (2) of this section are confidential, privileged,
40 nondiscoverable and inadmissible in any proceeding.

41 (b) A person serving on or communicating with the Emergency Health Care System Ad-
42 visory Board may not be:

43 (A) Examined as to any communications with, or findings or recommendations of, the
44 Emergency Health Care System Advisory Board; or

45 (B) Subject to an action for civil damages for actions taken or statements made in good

1 **faith.**

2 (c) **Nothing in this section affects the admissibility of evidence of a party’s medical re-**
 3 **ords dealing with the party’s medical care that are not otherwise confidential or privileged.**

4 (d) **The confidentiality provisions of ORS 41.675 and 41.685 apply to the duties of the au-**
 5 **thority described in subsection (2) of this section, and any monitoring and quality assurance**
 6 **activities of the Emergency Health Care System Advisory Board.**

7 (5) **Notwithstanding subsection (4)(a) of this section, all final reports by the authority and**
 8 **the Emergency Health Care System Advisory Board must be available to the public. The final**
 9 **reports may not contain any personally identifiable information.**

10 **SECTION 10. (1) The Oregon Health Authority shall adopt rules to specify statewide**
 11 **emergency health care objectives and standards.**

12 (2) **The authority may adopt other rules as necessary to carry out sections 2 to 10 of this**
 13 **2021 Act.**

14 **SECTION 11. (1) Notwithstanding the term of office specified in section 4 of this 2021 Act,**
 15 **of the members first appointed to the Emergency Health Care System Advisory Board:**

16 (a) **Three shall serve for a term ending December 31, 2022.**

17 (b) **Four shall serve for a term ending December 31, 2023.**

18 (c) **Four shall serve for a term ending December 31, 2024.**

19 (d) **Four shall serve for a term ending December 31, 2025.**

20 (2) **The Director of the Oregon Health Authority may appoint to the Emergency Health**
 21 **Care System Advisory Board members of the State Trauma Advisory Board established un-**
 22 **der ORS 431A.055, the Stroke Care Committee established under ORS 431A.525 and the State**
 23 **Emergency Medical Service Committee established under ORS 682.039 who meet the mem-**
 24 **bership requirements described in section 4 of this 2021 Act.**

25 **SECTION 12.** ORS 431A.055 is amended to read:

26 431A.055. (1) **The State Trauma Advisory Board is established within the Oregon Health Au-**
 27 **thority. The board must have at least 18 members. The Director of the Oregon Health Authority**
 28 **shall appoint at least 17 voting members as described in subsection (2) of this section. The chair-**
 29 **person of the [*State Emergency Medical Service Committee established under ORS 682.039*] **Emer-****

30 **gency Medical Services Advisory Committee, or the chairperson’s designee, shall be a nonvoting**
 31 **ex officio member.**

32 (2) **The director shall, subject to subsection (3) of this section, appoint members to serve on the**
 33 **State Trauma Advisory Board, including:**

34 (a) **At least one member from each area trauma advisory board described in ORS 431A.070.**

35 (b) **At least two physicians who are trauma surgeons from each trauma center designated by the**
 36 **authority as a Level I trauma center.**

37 (c) **From trauma centers designated by the authority as Level I or Level II trauma centers, at**
 38 **least one physician who is a neurosurgeon or orthopedic surgeon.**

39 (d) **From trauma centers designated by the authority as Level I trauma centers:**

40 (A) **At least one physician who practices emergency medicine; and**

41 (B) **At least one nurse who is a trauma program manager.**

42 (e) **From trauma centers designated by the authority as Level II trauma centers:**

43 (A) **At least one physician who is a trauma surgeon; and**

44 (B) **At least one nurse who is a trauma coordinator.**

45 (f) **From trauma centers designated by the authority as Level III trauma centers:**

- 1 (A) At least one physician who is a trauma surgeon or who practices emergency medicine; and
2 (B) At least one nurse who is a trauma coordinator.
3 (g) At least one nurse who is a trauma coordinator from a trauma center designated by the
4 authority as a Level IV trauma center.
5 (h) From a predominately urban area:
6 (A) At least one trauma hospital administration representative; and
7 (B) At least one emergency medical services provider.
8 (i) From a predominately rural area:
9 (A) At least one trauma hospital administration representative; and
10 (B) At least one emergency medical services provider.
11 (j) At least two public members.
12 (k) At least one representative from a public safety answering point.
13 (3) In appointing members under subsection (2)(j) of this section, the director may not appoint
14 a member who has an economic interest in the provision of emergency medical services or trauma
15 care.
16 (4)(a) The State Trauma Advisory Board shall:
17 (A) Advise the authority with respect to the authority's duties and responsibilities under ORS
18 431A.050 to 431A.080, 431A.085, 431A.090, 431A.095[,] **and** 431A.100 [*and 431A.105*];
19 (B) Advise the authority with respect to the adoption of rules under ORS 431A.050 to 431A.080,
20 431A.085[,] **and** 431A.095 [*and 431A.105*];
21 (C) Analyze data related to the emergency medical services and trauma system developed pur-
22 suant to ORS 431A.050; and
23 (D) Suggest improvements to the emergency medical services and trauma system developed
24 pursuant to ORS 431A.050.
25 (b) In fulfilling the duties, functions and powers described in this subsection, the board shall:
26 (A) Make evidence-based decisions that emphasize the standard of care attainable throughout
27 this state and by individual communities located in this state; and
28 (B) Seek the advice and input of coordinated care organizations.
29 (5)(a) The State Trauma Advisory Board may establish a Quality Assurance Subcommittee for
30 the purposes of providing peer review support to and discussing evidence-based guidelines and pro-
31 tocols with the members of area trauma advisory boards and trauma care providers located in this
32 state.
33 (b) Notwithstanding ORS 414.227, meetings of the subcommittee are not subject to ORS 192.610
34 to 192.690.
35 (c) Personally identifiable information provided by the State Trauma Advisory Board to indi-
36 viduals described in paragraph (a) of this subsection is not subject to ORS 192.311 to 192.478.
37 (6) A majority of the voting members of the board constitutes a quorum for the transaction of
38 business.
39 (7) Official action taken by the board requires the approval of a majority of the voting members
40 of the board.
41 (8) The board shall nominate and elect a chairperson from among its voting members.
42 (9) The board shall meet at the call of the chairperson or of a majority of the voting members
43 of the board.
44 (10) The board may adopt rules necessary for the operation of the board.
45 (11) The term of office of each voting member of the board is four years, but a voting member

1 serves at the pleasure of the director. Before the expiration of the term of a voting member, the
 2 director shall appoint a successor whose term begins January 1 next following. A voting member is
 3 eligible for reappointment. If there is a vacancy for any cause, the director shall make an appoint-
 4 ment to become immediately effective for the unexpired term.

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

9 **SECTION 13.** ORS 431A.100 is amended to read:

10 431A.100. (1) As used in this section, “individually identifiable information” means:

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

12 (b) Information that could be used to identify a health care provider, nontransporting prehospital
 13 care provider, ambulance service medical transportation agency or health care facility.

14 (2) Notwithstanding ORS 431A.090, individually identifiable information may be released from
 15 the Oregon Trauma Registry:

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

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

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

19 [(C)] **(B) [The Emergency Medical Services for Children Advisory Committee] The Pediatric
 20 Emergency Medical Services Advisory Committee.**

21 (b) To the Oregon Health Authority for purposes related to the administration of public health
 22 programs, including:

23 (A) The establishment of a registry of information related to brain injury trauma as described
 24 in ORS 431A.085 (6); and

25 (B) The performance of epidemiological investigations of the causes of and risk factors associ-
 26 ated with trauma injuries.

27 (c) To an emergency medical services provider or a designated trauma center for purposes re-
 28 lated to quality of service assurance and improvement, if the information is related to the treatment
 29 of an individual by the provider or center.

30 (d) To the Department of Human Services for purposes related to enabling the department to
 31 plan for and provide services to individuals adversely affected by trauma injuries, if the department
 32 agrees to use the information only for the purposes described in this paragraph and to maintain the
 33 confidentiality of the information.

34 (e) To a person conducting research if:

35 (A) An institutional review board has approved the research in accordance with 45 C.F.R. part
 36 46; and

37 (B) The person agrees to maintain the confidentiality of the information.

38 (f) To the designated official of an ambulance service or to a nontransporting prehospital care
 39 provider pursuant to ORS 682.056.

40 (3) The Oregon Health Authority may release only the minimum amount of individually iden-
 41 tifiable information necessary to carry out the purposes for which the information is released under
 42 this section.

43 **SECTION 14. ORS 431A.105 is repealed.**

44 **SECTION 15. (1) Sections 2 to 10 of this 2021 Act, the amendments to ORS 431A.055 and
 45 431A.100 by sections 12 and 13 of this 2021 Act and the repeal of ORS 431A.105 by section 14**

1 of this 2021 Act become operative on January 1, 2022.

2 (2) The Oregon Health Authority may take any action before the operative date specified
3 in subsection (1) of this section that is necessary to enable the authority to exercise, on and
4 after the operative date specified in subsection (1) of this section, all of the duties, functions
5 and powers conferred on the authority by sections 2 to 10 of this 2021 Act, the amendments
6 to ORS 431A.055 and 431A.100 by sections 12 and 13 of this 2021 Act and the repeal of ORS
7 431A.105 by section 14 of this 2021 Act.

8
9 **OREGON EMERGENCY HEALTH CARE SYSTEM 2023**

10
11 **SECTION 16.** Section 17 of this 2021 Act is added to and made a part of ORS chapter 682.

12 **SECTION 17.** (1) The Oregon Health Authority shall, with the advice of the Emergency
13 Health Care System Advisory Board, designate emergency health care regions that are con-
14 sistent with local resources, geography and current patient referral patterns. The authority
15 and the Emergency Health Care System Advisory Board shall establish a regional emergency
16 health care advisory board for each designated emergency health care region. The authority
17 and the Emergency Health Care System Advisory Board may determine the membership of
18 each regional emergency health care advisory board, and shall ensure that the membership
19 reflects the geographic, cultural, linguistic and economic diversity of the emergency health
20 care region.

21 (2) Each emergency health care region must include at least one hospital categorized
22 according to the emergency health care region's emergency health care capabilities as de-
23 termined by standards adopted by the authority by rule.

24 (3) The authority, with the advice of the Emergency Health Care System Advisory Board,
25 shall appoint the members of the regional emergency health care advisory boards. Members
26 serve at the pleasure of the authority. Each regional emergency health care advisory board
27 is responsible for:

28 (a) The development and maintenance of a regional emergency health care system plan
29 as described in subsection (4) of this section;

30 (b) Central medical direction for all field care and transportation consistent with ge-
31 ographic and current communications capability; and

32 (c) Patient triage protocols for time-sensitive emergencies.

33 (4) Each regional emergency health care system plan:

34 (a) Must include the following:

35 (A) A recommendation of hospitals in the emergency health care region to be designated
36 by the authority as emergency health care centers under section 9 of this 2021 Act;

37 (B) A description of the patient triage protocols to be used in the emergency health care
38 region;

39 (C) A description of the transportation of patients, including the transportation of pa-
40 tients who are members of health maintenance organizations, as defined in ORS 442.015;

41 (D) Information regarding how the emergency health care region will coordinate with
42 state and regional disaster preparedness efforts; and

43 (E) Any other information required by the authority by rule.

44 (b) Must be approved by the authority prior to implementation.

45 (c) May be revised with the approval of the authority.

1 **(5) The authority, with the advice of the Emergency Health Care System Advisory Board,**
 2 **may implement the regional emergency health care system plans and may make any changes**
 3 **to the regional emergency health care system plans.**

4 **SECTION 18.** Section 4 of this 2021 Act is amended to read:

5 **Sec. 4.** (1) The Emergency Health Care System Advisory Board is established within the Oregon
 6 Health Authority. The authority shall provide staffing for the board. The board consists of 15 mem-
 7 bers appointed by the Director of the Oregon Health Authority. Of the members of the board:

- 8 (a) One must be a physician who specializes in the treatment of trauma patients;
- 9 (b) One must be a physician who specializes in the treatment of stroke patients;
- 10 (c) One must be a physician who specializes in the treatment of pediatric patients;
- 11 (d) One must by a physician who specializes in the treatment of cardiac patients;
- 12 (e) One must be a physician who specializes in the treatment of medical emergencies;
- 13 (f) One must be a physician who is an EMS medical director;
- 14 (g) One must be a hospital administrator in a hospital that operates an emergency department;
- 15 (h) One must be a person who represents a private emergency medical services agency licensed
- 16 under ORS 682.047 and who is an emergency medical services provider licensed under ORS 682.216;
- 17 (i) One must be a person who represents a public emergency medical services agency licensed
- 18 under ORS 682.047 and who is an emergency medical services provider licensed under ORS 682.216;
- 19 (j) Two must be persons who are patient advocates, one of whom specializes in health equity
- 20 and one of whom specializes in behavioral health;
- 21 (k) One must be a representative of a third-party payer of health care insurance;
- 22 (L) One must be an emergency medical services provider who works in an area of Oregon that
- 23 borders another state; and
- 24 (m) Two must be nurses who manage staff in an emergency department of a hospital.

25 (2)(a) The physician members of the board must be physicians licensed under ORS chapter 677
 26 who are in good standing.

27 (b) The nurse members of the board must be nurses licensed to practice under ORS 678.010 to
 28 678.410 who are in good standing.

29 (c) The members of the board who represent emergency medical services agencies must hold
 30 valid licenses in good standing.

31 (3) Board membership must reflect the geographic, cultural, linguistic and economic diversity
 32 of this state **and must include at least one representative from each emergency health care**
 33 **region designated under section 17 of this 2021 Act.**

34 (4) The term of office of each member of the board is four years, but a member serves at the
 35 pleasure of the Director of the Oregon Health Authority. Before the expiration of the term of a
 36 member, the director shall appoint a successor whose term begins on January 1 next following. A
 37 member is eligible for reappointment for no more than two consecutive terms. If there is a vacancy
 38 for any cause, the director shall make an appointment to become immediately effective for the un-
 39 expired term.

40 (5) The board shall choose a chairperson and shall meet at the call of the authority.

41 (6) A member of the board is entitled to compensation and expenses as provided under ORS
 42 292.495.

43 (7) The board may adopt rules as necessary to carry out its duties under sections 2 to 10 of this
 44 2021 Act.

45 **SECTION 19.** Section 5 of this 2021 Act is amended to read:

Sec. 5. The Emergency Health Care System Advisory Board shall:

(1) Provide advice and recommendations to the Oregon Health Authority on the following:

(a) A definition of “patient” for purposes of emergency health care;

(b) Emergency health care workforce needs;

(c) Coordination of care between health care specialties; *[and]*

(d) Other matters as determined by the authority[.];

(e) The appointment of the regional emergency health care advisory boards; and

(f) Approval of the regional emergency health care system plans described in section 17 of this 2021 Act.

(2) Convene the following permanent advisory committees:

(a) Time-Sensitive Medical Emergencies Advisory Committee, as described in section 6 of this 2021 Act;

(b) Emergency Medical Services Advisory Committee, as described in section 8 of this 2021 Act; and

(c) Pediatric Emergency Medical Services Advisory Committee, as described in section 7 of this 2021 Act.

SECTION 20. Section 8 of this 2021 Act is amended to read:

Sec. 8. (1) The Emergency Medical Services Advisory Committee is established in the Emergency Health Care System Advisory Board. The committee shall consist of members determined by the board and the Oregon Health Authority.

(2) The committee shall provide advice and recommendations to the Emergency Health Care System Advisory Board and the authority regarding emergency medical services, including on the following objectives:

(a) The regionalization and improvement of emergency medical services, including the coordination and planning of emergency medical services efforts;

(b) The designation of emergency health care centers for the provision of care for medical emergencies; and

(c) The adoption of rules related to emergency medical services.

(3) The chairperson of the committee shall appoint an advisory subcommittee on the licensure and discipline of emergency medical service providers. The subcommittee shall advise the authority and the Oregon Medical Board on the adoption of rules under this subsection.

(4) The committee may:

(a) Assist the Time-Sensitive Medical Emergencies Advisory Committee and the Pediatric Emergency Medical Services Advisory Committee in coordination and planning efforts; *[and]*

(b) Provide other assistance to the Emergency Health Care System Advisory Board as the board requests[.]; **and**

(c) Assist the regional emergency health care advisory boards in identifying emergency medical service system needs and improvement initiatives.

(5) The authority may adopt rules as necessary to carry out this section.

SECTION 21. Section 9 of this 2021 Act is amended to read:

Sec. 9. (1) The Oregon Health Authority shall designate emergency health care centers for the provision of cardiac and pediatric patient care.

(2) The authority shall develop standards for emergency health care centers designated under subsection (1) of this section that:

(a) Specify the type of care that the emergency health care center is designated to provide; and

1 (b) Provide for the monitoring and assurance of quality care to patients.

2 (3) All findings and conclusions, interviews, reports, studies, communications and statements
3 procured by or provided to the authority, [or] the Emergency Health Care System Advisory Board
4 **or a regional emergency health care advisory board** in connection with obtaining data necessary
5 to perform patient care quality assurance functions are confidential pursuant to ORS 192.338,
6 192.345 and 192.355.

7 (4)(a) All data, including written reports, notes, records and recommendations, received or com-
8 piled by the Emergency Health Care System Advisory Board **or a regional emergency health care**
9 **advisory board** in conjunction with the authority’s duties under subsection (2) of this section are
10 confidential, privileged, nondiscoverable and inadmissible in any proceeding.

11 (b) A person serving on or communicating with the Emergency Health Care System Advisory
12 Board **or a regional emergency health care advisory board** may not be:

13 (A) Examined as to any communications with, or findings or recommendations of, the Emergency
14 Health Care System Advisory Board **or regional emergency health care advisory boards**; or

15 (B) Subject to an action for civil damages for actions taken or statements made in good faith.

16 (c) Nothing in this section affects the admissibility of evidence of a party’s medical records
17 dealing with the party’s medical care that are not otherwise confidential or privileged.

18 (d) The confidentiality provisions of ORS 41.675 and 41.685 apply to the duties of the authority
19 described in subsection (2) of this section and any monitoring and quality assurance activities of the
20 Emergency Health Care System Advisory Board **and the regional emergency health care advi-**
21 **sory boards**.

22 (5) Notwithstanding subsection (4)(a) of this section, all final reports by the authority, [and] the
23 Emergency Health Care System Advisory Board **and the regional emergency health care advi-**
24 **sory boards** must be available to the public. The final reports may not contain any personally
25 identifiable information.

26 **SECTION 22.** Section 10 of this 2021 Act is amended to read:

27 **Sec. 10.** (1) The Oregon Health Authority shall adopt rules to:

28 (a) Specify statewide emergency health care objectives and standards[.];

29 (b) **Establish hospital categorization criteria; and**

30 (c) **Establish procedures and criteria for designation of emergency health care centers**
31 **under section 9 of this 2021 Act.**

32 (2) The authority may adopt other rules as necessary to carry out sections 2 to 10 of this 2021
33 Act.

34 **SECTION 23.** The amendments to section 4 of this 2021 Act by section 18 of this 2021 Act
35 **apply to members of the Emergency Health Care System Advisory Board appointed on and**
36 **after the operative date specified in section 24 of this 2021 Act.**

37 **SECTION 24.** (1) Section 17 of this 2021 Act and the amendments to sections 4, 5, 8, 9 and
38 10 of this 2021 Act by sections 18 to 22 of this 2021 Act become operative on January 1, 2023.

39 (2) The Oregon Health Authority may take any action before the operative date specified
40 in subsection (1) of this section that is necessary to enable the authority to exercise, on and
41 after the operative date specified in subsection (1) of this section, all of the duties, functions
42 and powers conferred on the authority by section 17 of this 2021 Act and the amendments
43 to sections 4, 5, 8, 9 and 10 of this 2021 Act by sections 18 to 22 of this 2021 Act.

1 **SECTION 25.** Sections 26 to 29 of this 2021 Act are added to and made a part of ORS
2 chapter 682.

3 **SECTION 26.** (1) As used in this section, “individually identifiable information” means:

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

5 (b) Information that could be used to identify a health care provider, emergency medical
6 services agency or health care facility.

7 (2) The Emergency Health Care Systems Program shall establish and maintain emer-
8 gency health care data systems for the collection of information relating to cardiac,
9 pediatric, stroke, trauma and other medical emergencies in this state. The emergency health
10 care data systems must:

11 (a) Have security measures in place to protect individually identifiable information;

12 (b) Allow submission of data from emergency health care centers designated under sec-
13 tion 9 of this 2021 Act;

14 (c) Be used for quality assurance, quality improvement, epidemiological assessment and
15 investigation, public health implementation, critical response planning, prevention activities
16 and other purposes as the Oregon Health Authority determines necessary; and

17 (d) Meet other requirements established by the authority by rule.

18 (3) Individually identifiable information:

19 (a) Is confidential and not subject to disclosure under ORS 192.311 to 192.478;

20 (b) May be released only as permitted under subsections (4) and (5) of this section and
21 in accordance with rules adopted by the authority;

22 (c) Is not subject to civil or administrative subpoena; and

23 (d) Is nondiscoverable and inadmissible in a judicial, administrative, arbitration or medi-
24 ation proceeding.

25 (4) Individually identifiable information may be released from the emergency health care
26 data systems:

27 (a) For use in executive session to conduct quality assurance and performance improve-
28 ment by the Emergency Health Care System Advisory Board or a regional emergency health
29 care advisory board;

30 (b) For quality assurance or quality improvement purposes to an emergency medical
31 services provider or emergency health care center designated under section 9 of this 2021
32 Act if the individually identifiable information is related to the treatment of the individual
33 by the emergency medical services provider or emergency health care center; or

34 (c) To a person conducting research only if an institutional review board has approved
35 the research in accordance with 45 C.F.R. part 46 and the person agrees to maintain the
36 confidentiality of the individually identifiable information.

37 (5) The program may release only the minimum amount of individually identifiable in-
38 formation necessary to carry out the purposes for which the individually identifiable infor-
39 mation is released under this section.

40 **SECTION 27.** (1) The Emergency Health Care Systems Program, with the advice of the
41 Emergency Health Care System Advisory Board and the Time-Sensitive Medical Emergencies
42 Advisory Committee, shall establish and maintain an emergency health care data system
43 under section 26 of this 2021 Act for the collection of trauma care data. The Oregon Health
44 Authority shall adopt rules for the data system described in this section to establish:

45 (a) The information that must be reported to the data system;

1 (b) The form and frequency of reporting information under this section; and

2 (c) The procedures and standards for the administration and maintenance of the data
3 system.

4 (2)(a) Designated trauma centers and providers, physical rehabilitation centers, alcohol
5 and drug rehabilitation centers and ambulances shall develop a monthly log of unsponsored,
6 inadequately insured trauma patients determined by the hospital to have an injury severity
7 score equal to or greater than 13, and submit monthly to the board the true costs and unpaid
8 balance for the care of patients described in this subsection.

9 (b) Reimbursement for a patient described in this subsection may not occur until:

10 (A) All information required by the board is submitted to the data system described in
11 subsection (1) of this section; and

12 (B) The board confirms that the injury severity score, as determined by the authority
13 by rule, is equal to or greater than 13.

14 (c) The board shall cause providers to be reimbursed in the following decreasing order
15 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 (d) Subject to the availability of funds, the board shall cause the designated trauma
21 centers and providers to be paid first in full. Subsequent providers shall be paid from the
22 remaining balance in accordance with paragraph (c) of this subsection.

23 (e) Any matching funds, available pursuant to the Trauma Care Systems Planning and
24 Development Act of 1990 (P.L. 101-590), that are available for purposes of the program and
25 the committee may be used for related studies and projects and reimbursement for uncom-
26 pensated care.

27 (3) The authority may adopt rules establishing, from information maintained in the data
28 system described in subsection (1) of this section, a data system related to brain injury
29 trauma.

30 **SECTION 28.** (1) A hospital certified as a Comprehensive Stroke Center or a Primary
31 Stroke Center through the Joint Commission or an equivalent organization must report
32 stroke care data to an emergency health care data system established and maintained under
33 section 26 of this 2021 Act for the collection of stroke care data. Hospitals that are not cer-
34 tified as described in this paragraph may report to the data system described in this section.

35 (2) The program, with the advice of the Emergency Health Care System Advisory Board
36 and the Time-Sensitive Medical Emergencies Advisory Committee shall:

37 (a) Develop a data oversight process in accordance with recommendations made by the
38 Time-Sensitive Medical Emergencies Advisory Committee.

39 (b) Coordinate with national health organizations involved in improving the quality of
40 stroke care to avoid duplicative information and redundant processes.

41 (c) Use information reported under subsection (1) of this section and other information
42 related to stroke care to support improvement in the quality of stroke care in accordance
43 with guidelines that meet or exceed nationally recognized standards established by the
44 American Stroke Association, or its successor organization.

45 (d) Encourage the sharing of information among health care providers on practices that

1 **improve the quality of stroke care.**

2 (e) **Facilitate communication about data trends and treatment developments among**
3 **health care providers and coordinated care organizations that provide services related to**
4 **stroke care.**

5 (f) **Provide stroke care data, and recommend improvements for stroke care, to coordi-**
6 **nated care organizations.**

7 (g) **Not later than the beginning of each odd-numbered year regular session of the Leg-**
8 **islative Assembly, prepare and submit to the Legislative Assembly a report in the manner**
9 **provided in ORS 192.245 summarizing the program's activities under this section.**

10 **SECTION 29. (1) An emergency health care provider may not be held liable for acting in**
11 **accordance with approved emergency health care system plans.**

12 (2) **A person who in good faith provides information to an emergency health care data**
13 **system is immune from any civil or criminal liability that might otherwise be incurred or**
14 **imposed with respect to provision of the information.**

15 **SECTION 30.** Section 3 of this 2021 Act is amended to read:

16 **Sec. 3.** (1) The Emergency Health Care Systems Program is established within the Oregon
17 Health Authority for the purpose of administering a comprehensive statewide emergency health care
18 system developed by the authority in cooperation with representatives of emergency health care
19 professions. The system must include:

- 20 (a) The regulation of emergency medical services agencies;
- 21 (b) The regulation, training and licensing of emergency medical services providers; and
- 22 (c) The development and maintenance of emergency health care data systems.

23 (2) The program shall be administered by a director who:

24 (a) Is responsible for conducting emergency health care system oversight and identifying and
25 implementing best practices for patient safety.

26 (b) Shall apply funds allocated to the program in the following order of priority:

- 27 (A) Development of state and regional standards of care;
- 28 (B) Development of a statewide educational curriculum to teach the standards of care;
- 29 (C) Implementation of quality improvement programs; *[and]*
- 30 (D) Support for and enhancement of the state's emergency health care system; **and**

31 **(E) Establishment and maintenance of the emergency health care data systems described**
32 **in section 26 of this 2021 Act.**

33 (c) May adopt rules as necessary to carry out the director's duties and responsibilities described
34 in this subsection.

35 (3) The program shall have a State EMS Medical Director who is responsible for:

36 (a) Providing specialized medical oversight in the development and administration of the pro-
37 gram;

38 (b) Implementing emergency health care system quality improvement measures;

39 (c) Undertaking research and providing public education regarding emergency health care sys-
40 tems; and

41 (d) Serving as a liaison with emergency medical services agencies, emergency health care cen-
42 ters, hospitals, state and national emergency medical services professional organizations and state
43 and federal partners.

44 (4) The authority shall publish, on a website operated by or on behalf of the program, a biennial
45 report regarding the program's activities.

1 **SECTION 31.** Section 5 of this 2021 Act, as amended by section 19 of this 2021 Act, is amended
 2 to read:

3 **Sec. 5.** The Emergency Health Care System Advisory Board shall:

4 (1) Provide advice and recommendations to the Oregon Health Authority on the following:

5 (a) A definition of “patient” for purposes of emergency health care;

6 (b) Emergency health care workforce needs;

7 (c) Coordination of care between health care specialties;

8 (d) Other matters as determined by the authority;

9 (e) The appointment of the regional emergency health care advisory boards; [*and*]

10 (f) Approval of the regional emergency health care system plans described in section 17 of this
 11 2021 Act[.]; **and**

12 **(g) The establishment and continued operation of the emergency health care data sys-**
 13 **tems described in section 26 of this 2021 Act.**

14 (2) Convene the following permanent advisory committees:

15 (a) Time-Sensitive Medical Emergencies Advisory Committee, as described in section 6 of this
 16 2021 Act;

17 (b) Emergency Medical Services Advisory Committee, as described in section 8 of this 2021 Act;
 18 and

19 (c) Pediatric Emergency Medical Services Advisory Committee, as described in section 7 of this
 20 2021 Act.

21 **SECTION 32.** Section 6 of this 2021 Act is amended to read:

22 **Sec. 6.** (1) The Time-Sensitive Medical Emergencies Advisory Committee is established in the
 23 Emergency Health Care System Advisory Board. The committee shall consist of members determined
 24 by the board and the Oregon Health Authority.

25 (2) The committee shall provide advice and recommendations to the board and the authority
 26 regarding time-sensitive medical emergencies, including cardiac, stroke and trauma emergencies, on
 27 the following objectives:

28 (a) The regionalization and improvement of care for time-sensitive medical emergencies; [*and*]

29 (b) The designation of emergency health care centers for the provision of care for time-sensitive
 30 medical emergencies[.]; **and**

31 **(c) The inclusion and treatment of data regarding time-sensitive medical emergencies in**
 32 **the emergency health care data systems described in section 26 of this 2021 Act.**

33 (3) The committee shall:

34 (a) Advise the board and the authority with respect to the authority’s duties related to cardiac,
 35 stroke and trauma care;

36 (b) Advise the board and the authority on the adoption of rules related to cardiac, stroke and
 37 trauma care;

38 (c) Analyze data related to cardiac, stroke and trauma emergencies; and

39 (d) Suggest improvements to the board and the authority to the Emergency Health Care Systems
 40 Program regarding cardiac, stroke and trauma care.

41 (4) The authority may adopt rules as necessary to carry out this section.

42 **SECTION 33.** Section 7 of this 2021 Act is amended to read:

43 **Sec. 7.** (1) The Pediatric Emergency Medical Services Advisory Committee is established in the
 44 Emergency Health Care System Advisory Board. The committee shall consist of members determined
 45 by the board and the Oregon Health Authority.

1 (2) The committee shall provide advice and recommendations to the board and the authority
 2 regarding pediatric medical emergencies on the following objectives:

3 (a) The integration of pediatric emergency medical services into the Emergency Health Care
 4 Systems Program;

5 (b) The regionalization and improvement of care for pediatric medical emergencies; *[and]*

6 (c) The designation of emergency health care centers for the provision of care for pediatric
 7 medical emergencies[.]; **and**

8 **(d) The inclusion and treatment of data regarding pediatric medical emergencies in the**
 9 **emergency health care data systems described in section 26 of this 2021 Act.**

10 (3) With the advice of the Pediatric Emergency Medical Services Advisory Committee, the au-
 11 thority shall:

12 (a) Employ or contract with professional, technical, research and clerical staff to implement this
 13 subsection.

14 (b) Provide technical assistance to the Emergency Medical Services Advisory Committee on the
 15 integration of an emergency medical services for children program into the Emergency Health Care
 16 Systems Program.

17 (c) Provide advice and technical assistance to the Time-Sensitive Medical Emergencies Advisory
 18 Committee on the regionalization of an emergency medical services for children program.

19 (d) Establish guidelines for:

20 (A) The designation of specialized regional pediatric critical care centers and pediatric trauma
 21 care centers.

22 (B) Referring children to appropriate emergency or critical care centers.

23 (C) Necessary prehospital and other pediatric emergency and critical care medical service
 24 equipment.

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

28 (E) An interfacility transfer system for critically ill or injured children.

29 (F) Continuing professional education programs for emergency medical services personnel, in-
 30 cluding training in the emergency care of infants and children.

31 (G) A public education program concerning the emergency medical services for children pro-
 32 gram, including information on emergency access telephone numbers.

33 (H) The collection and analysis of statewide pediatric emergency and critical care medical ser-
 34 vices data from emergency and critical care medical service facilities for the purpose of quality
 35 improvement by those facilities, subject to relevant confidentiality requirements.

36 (I) The establishment of cooperative interstate relationships to facilitate the provision of ap-
 37 propriate care for pediatric patients who must cross state borders to receive emergency and critical
 38 care services.

39 (J) Coordination and cooperation between the emergency medical services for children program
 40 and other public and private organizations interested or involved in emergency and critical care for
 41 children.

42 (4) The authority may adopt rules as necessary to carry out this section.

43 **SECTION 34.** Section 8 of this 2021 Act, as amended by section 20 of this 2021 Act, is amended
 44 to read:

45 **Sec. 8.** (1) The Emergency Medical Services Advisory Committee is established in the Emer-

1 agency Health Care System Advisory Board. The committee shall consist of members determined by
 2 the board and the Oregon Health Authority.

3 (2) The committee shall provide advice and recommendations to the Emergency Health Care
 4 System Advisory Board and the authority regarding emergency medical services, including on the
 5 following objectives:

6 (a) The regionalization and improvement of emergency medical services, including the coordi-
 7 nation and planning of emergency medical services efforts;

8 (b) The designation of emergency health care centers for the provision of care for medical
 9 emergencies; *[and]*

10 (c) The adoption of rules related to emergency medical services[.]; **and**

11 **(d) The inclusion and treatment of data regarding medical emergencies in the emergency**
 12 **health care data systems described in section 26 of this 2021 Act.**

13 (3) The chairperson of the committee shall appoint an advisory subcommittee on the licensure
 14 and discipline of emergency medical service providers. The subcommittee shall advise the authority
 15 and the Oregon Medical Board on the adoption of rules under this subsection.

16 (4) The committee may:

17 (a) Assist the Time-Sensitive Medical Emergencies Advisory Committee and the Pediatric
 18 Emergency Medical Services Advisory Committee in coordination and planning efforts;

19 (b) Provide other assistance to the Emergency Health Care System Advisory Board as the board
 20 requests; and

21 (c) Assist the regional emergency health care advisory boards in identifying emergency medical
 22 service system needs and improvement initiatives.

23 (5) The authority may adopt rules as necessary to carry out this section.

24 **SECTION 35.** Section 9 of this 2021 Act, as amended by section 21 of this 2021 Act, is amended
 25 to read:

26 **Sec. 9.** (1) The Oregon Health Authority shall designate emergency health care centers for the
 27 provision of cardiac, *[and]* pediatric, **stroke and trauma** patient care.

28 (2) The authority shall develop standards for emergency health care centers designated under
 29 subsection (1) of this section that:

30 (a) Specify the type of care that the emergency health care center is designated to provide; and

31 (b) Provide for the monitoring and assurance of quality care to patients.

32 (3) All findings and conclusions, interviews, reports, studies, communications and statements
 33 procured by or provided to the authority, the Emergency Health Care System Advisory Board or a
 34 regional emergency health care advisory board in connection with obtaining data necessary to per-
 35 form patient care quality assurance functions are confidential pursuant to ORS 192.338, 192.345 and
 36 192.355.

37 (4)(a) All data, including written reports, notes, records and recommendations, received or com-
 38 piled by the Emergency Health Care System Advisory Board or a regional emergency health care
 39 advisory board in conjunction with the authority's duties under subsection (2) of this section are
 40 confidential, privileged, nondiscoverable and inadmissible in any proceeding.

41 (b) A person serving on or communicating with the Emergency Health Care System Advisory
 42 Board or a regional emergency health care advisory board may not be:

43 (A) Examined as to any communications with, or findings or recommendations of, the Emergency
 44 Health Care System Advisory Board or regional emergency health care advisory boards; or

45 (B) Subject to an action for civil damages for actions taken or statements made in good faith.

1 (c) Nothing in this section affects the admissibility of evidence of a party’s medical records
 2 dealing with the party’s medical care that are not otherwise confidential or privileged.

3 (d) The confidentiality provisions of ORS 41.675 and 41.685 apply to the duties of the authority
 4 described in subsection (2) of this section and any monitoring and quality assurance activities of the
 5 Emergency Health Care System Advisory Board and the regional emergency health care advisory
 6 boards.

7 (5) Notwithstanding subsection (4)(a) of this section, all final reports by the authority, the
 8 Emergency Health Care System Advisory Board and the regional emergency health care advisory
 9 boards must be available to the public. The final reports may not contain any personally identifiable
 10 information.

11 **SECTION 36.** ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080,
 12 431A.085, 431A.090, 431A.095, 431A.100, 431A.525 and 431A.530 are repealed.

13 **SECTION 37.** (1) Sections 26 to 29 of this 2021 Act, the amendments to sections 3, 5, 6,
 14 7, 8 and 9 of this 2021 Act by sections 30 to 35 of this 2021 Act and the repeal of ORS 431A.050,
 15 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095,
 16 431A.100, 431A.525 and 431A.530 by section 36 of this 2021 Act become operative on January
 17 1, 2025.

18 (2) The Oregon Health Authority may take any action before the operative date specified
 19 in subsection (1) of this section that is necessary to enable the authority to exercise, on and
 20 after the operative date specified in subsection (1) of this section, all of the duties, functions
 21 and powers conferred on the authority by sections 26 to 29 of this 2021 Act, the amendments
 22 to sections 3, 5, 6, 7, 8 and 9 of this 2021 Act by sections 30 to 35 of this 2021 Act and the
 23 repeal of ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085,
 24 431A.090, 431A.095, 431A.100, 431A.525 and 431A.530 by section 36 of this 2021 Act.

25
 26 **EMERGENCY MEDICAL SERVICES MOBILIZATION ACT**
 27

28 **SECTION 38.** Sections 39 to 47 of this 2021 Act are added to and made a part of ORS
 29 chapter 682.

30 **SECTION 39.** Sections 39 to 47 of this 2021 Act shall be known as the Emergency Medical
 31 Services Mobilization Act.

32 **SECTION 40.** As used in sections 39 to 47 of this 2021 Act, “EMS forces and equipment”
 33 means any emergency medical services providers and equipment employed by, contracted for
 34 or otherwise associated with an emergency medical services agency in this state.

35 **SECTION 41.** (1)(a) In response to an emergency for which emergency medical services
 36 are necessary, or in conjunction with purposes described in ORS 476.520, the Governor may
 37 assign and make available for use in any county, city or district, under the direction and
 38 command of an officer designated by the Governor for purposes of this section, any EMS
 39 forces and equipment.

40 (b) An emergency medical services agency that possesses only one ambulance may not
 41 be assigned for use as described in subsection (1) of this section.

42 (2) If the Governor is unavailable to make timely exercise of the Governor’s authority
 43 under sections 39 to 47 of this 2021 Act, the Director of the Oregon Health Authority may
 44 exercise the Governor’s authority. If both the Governor and the director of the authority are
 45 unavailable, the Public Health Director may exercise the Governor’s authority. Any orders,

1 rules or regulations issued by the director of the authority or the Public Health Director
 2 under this subsection have the same force and effect as if issued by the Governor.

3 **SECTION 42.** (1) If so ordered by the Governor, the chief executive of a county, city or
 4 fire protection district or the head of a fire department of a political subdivision, including
 5 agencies of the state, shall assign and make available for use in a jurisdiction under the di-
 6 rection and command of the chief executive or head as designated by the Governor for the
 7 purpose, any EMS forces and equipment under the control of the chief executive or head.

8 (2) Notwithstanding subsection (1) of this section, any equipment made available by loan
 9 or otherwise to any jurisdiction in this state by the United States, or an agency of the United
 10 States, shall be subject to the order of the United States or the agency in accordance with
 11 the terms and conditions under which the equipment is made available.

12 **SECTION 43.** Whenever emergency medical services providers and personnel are provid-
 13 ing aid under sections 39 to 47 of this 2021 Act, the emergency medical services providers
 14 and personnel have the same duties, immunities, powers, privileges and rights as though the
 15 emergency medical services providers and personnel were performing their duties in the ju-
 16 risdiction in which the emergency medical services providers and personnel are normally
 17 employed or contracted.

18 **SECTION 44.** (1)(a) As used in this section, “employee” means any emergency medical
 19 services personnel, whether paid, volunteer or on call.

20 (b) The state shall reimburse a political subdivision or agency that supplies employees to
 21 provide aid under sections 39 to 47 of this 2021 Act for the compensation paid to employees
 22 supplied during the time that the provision of aid prevented the employees from performing
 23 their duties in the political subdivision or agency in which they are employed or contracted.
 24 The state shall defray for employees described in this subsection the actual travel and
 25 maintenance expenses incurred while providing aid under sections 39 to 47 of this 2021 Act.

26 (2) The state shall draw warrants on the State Treasurer for the payment of all approved
 27 claims lawfully incurred under sections 39 to 47 of this 2021 Act.

28 **SECTION 45.** (1) The Governor may make, amend and rescind any orders, rules and
 29 regulations that are necessary or advisable to carry out sections 39 to 47 of this 2021 Act.

30 (2)(a) An order, rule or regulation under this section may be oral or written.

31 (b) If written, a copy of the order, rule or regulation must be filed in the office of the
 32 Secretary of State. Another copy of the order, rule or regulation must be dispatched to the
 33 chief executive of any county, city or fire protection district affected. The order, rule or
 34 regulation becomes effective immediately upon the filing and dispatch described in this sub-
 35 section.

36 (c) The Governor may make an oral order, rule or regulation when, in the opinion of the
 37 Governor, the emergency is such that delay in issuing a written order, rule or regulation
 38 would be dangerous to the welfare of the people of the state. An oral order, rule or regu-
 39 lation is effective at the time it is made. An written copy of an oral order, rule or regulation
 40 must be filed and dispatched as described in paragraph (b) of this subsection as soon as
 41 practicable after the order, rule or regulation is issued.

42 **SECTION 46.** (1) The state or a county, city, fire district or other political subdivision,
 43 or an emergency medical services provider acting as an agent of the state or a county, city,
 44 fire district or other political subdivision, is not liable for an injury to any person or property
 45 that results from the performance of any duty pursuant to sections 39 to 47 of this 2021 Act.

1 (2) A person described in subsection (1) of this section may not incur any civil liability
 2 in carrying out sections 39 to 47 of this 2021 Act or while acting within the scope of a duty
 3 imposed under sections 39 to 47 of this 2021 Act.

4 (3) A person described in subsection (1) of this section may be held liable for injury that
 5 results from the person's willful misconduct or gross negligence.

6 **SECTION 47.** The Oregon Health Authority shall prepare plans to carry out sections 39
 7 to 47 of this 2021 Act and shall provide advice and counsel to the Governor for the most
 8 practical implementation of sections 39 to 47 of this 2021 Act.

9 **SECTION 48.** (1) Sections 39 to 47 of this 2021 Act become operative on January 1, 2022.

10 (2) The Governor and the Oregon Health Authority may take any action before the op-
 11 erative date specified in subsection (1) of this section that is necessary to enable the Gov-
 12 ernor and the authority to exercise, on and after the operative date specified in subsection
 13 (1) of this section, all of the duties, functions and powers conferred on the Governor and the
 14 authority by sections 39 to 47 of this 2021 Act.

15
 16 **REGULATION OF EMERGENCY MEDICAL SERVICES**

17
 18 **SECTION 49.** ORS 682.017 is amended to read:

19 682.017. The Oregon Health Authority shall adopt rules in accordance with ORS chapter 183
 20 that include, but are not limited to:

21 (1) Requirements relating to the types and numbers of emergency vehicles, including supplies
 22 and equipment carried.

23 (2) Requirements for the operation and coordination of ambulances and other [*emergency care*
 24 *systems*] **patient care**.

25 (3) Criteria for the use of two-way communications.

26 (4) Procedures for summoning and dispatching aid.

27 (5) Requirements that [*ambulance services*] **emergency medical services agencies** report pa-
 28 tient encounter data to an electronic emergency medical services data system managed by the au-
 29 thority. The requirements must specify the data that an [*ambulance service*] **emergency medical**
 30 **services agency** must report[,], **and** the form and frequency of the reporting [*and the procedures and*
 31 *standards for the administration of the data system*].

32 (6) Levels of licensure for emergency medical services providers. The lowest level of emergency
 33 medical services provider licensure must be an emergency medical responder license.

34 (7) Other rules as necessary to carry out the provisions of this chapter.

35 **SECTION 50.** ORS 682.017, as amended by section 49 of this 2021 Act, is amended to read:

36 682.017. The Oregon Health Authority shall adopt rules in accordance with ORS chapter 183
 37 that include, but are not limited to:

38 (1) Requirements relating to the types and numbers of emergency vehicles, including supplies
 39 and equipment carried.

40 (2) Requirements for the operation and coordination of ambulances and other patient care.

41 (3) Criteria for the use of two-way communications.

42 (4) Procedures for summoning and dispatching aid.

43 (5) Requirements that emergency medical services agencies report patient encounter data to [*an*
 44 *electronic emergency medical services data system managed by the authority*] **the emergency health**
 45 **care data systems described in section 26 of this 2021 Act**. The requirements must specify the

1 data that an emergency medical services agency must report and the form and frequency of the re-
 2 porting.

3 (6) Levels of licensure for emergency medical services providers. The lowest level of emergency
 4 medical services provider licensure must be an emergency medical responder license.

5 (7) Other rules as necessary to carry out the provisions of this chapter.

6 **SECTION 51.** ORS 682.025 is amended to read:

7 682.025. As used in this chapter[, *unless the context requires otherwise*]:

8 (1) “Ambulance” or “ambulance vehicle” means a privately or publicly owned motor vehicle,
 9 aircraft or watercraft that is regularly provided or offered to be provided for the emergency trans-
 10 portation of [*persons who are ill or injured or who have disabilities*] **emergency medical services**
 11 **patients.**

12 (2) “Ambulance service” means a person, governmental unit or other entity that operates am-
 13 bulances and that holds itself out as providing [*prehospital care or medical transportation*] **patient**
 14 **care** to [*persons who are ill or injured or who have disabilities*] **emergency medical services pa-**
 15 **tients.**

16 [(3) “Emergency care” means the performance of acts or procedures under emergency conditions in
 17 the observation, care and counsel of persons who are ill or injured or who have disabilities; in the
 18 administration of care or medications prescribed by a licensed physician or naturopathic physician,
 19 insofar as any of these acts is based upon knowledge and application of the principles of biological,
 20 physical and social science as required by a completed course utilizing an approved curriculum in
 21 prehospital emergency care. “Emergency care” does not include acts of medical diagnosis or pre-
 22 scription of therapeutic or corrective measures.]

23 (3) “**Emergency medical services agency**” means an ambulance service that uses emer-
 24 **gency medical services providers to respond to requests for emergency medical services, in-**
 25 **cluding 9-1-1 calls from emergency medical services patients.**

26 (4) “**Emergency medical services patient**” means a person who is ill or injured, or who
 27 **has a disability, and for whom patient care from an emergency medical services provider is**
 28 **requested.**

29 [(4)] (5) “Emergency medical services provider” means a person who has received formal train-
 30 ing in [*prehospital and emergency*] **patient** care, and is licensed to attend [*any person who is ill or*
 31 *injured or who has a disability*] **an emergency medical services patient.** Police officers, firefight-
 32 ers, funeral home employees and other persons serving in a dual capacity one of which meets the
 33 definition of “emergency medical services provider” are “emergency medical services providers”
 34 within the meaning of this chapter.

35 (6) “**EMS medical director**” means a supervising physician licensed under ORS chapter
 36 **677 who is responsible for providing specialized medical oversight of emergency medical ser-**
 37 **vices agencies and for the direction of emergency and nonemergency care provided to**
 38 **emergency medical services patients.**

39 [(5)] (7) “Fraud or deception” means the intentional misrepresentation or misstatement of a
 40 material fact, concealment of or failure to make known any material fact, or any other means by
 41 which misinformation or false impression knowingly is given.

42 [(6)] (8) “Governmental unit” means the state or any county, municipality or other political
 43 subdivision or any department, board or other agency of any of them.

44 [(7)] (9) “Highway” means every public way, thoroughfare and place, including bridges, viaducts
 45 and other structures within the boundaries of this state, used or intended for the use of the general

1 public for vehicles.

2 [(8) “Nonemergency care” means the performance of acts or procedures on a patient who is not
3 expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, in-
4 cluding but not limited to observation, care and counsel of a patient and the administration of
5 medications prescribed by a physician licensed under ORS chapter 677 or naturopathic physician li-
6 censed under ORS chapter 685, insofar as any of those acts are based upon knowledge and application
7 of the principles of biological, physical and social science and are performed in accordance with scope
8 of practice rules adopted by the Oregon Medical Board or Oregon Board of Naturopathic Medicine in
9 the course of providing prehospital care.]

10 [(9)] (10) “Owner” means the person having all the incidents of ownership in an [ambulance
11 service] **emergency medical services agency** or an ambulance vehicle or where the incidents of
12 ownership are in different persons, the person, other than a security interest holder or lessor, enti-
13 tled to the possession of an ambulance vehicle or operation of an [ambulance service] **emergency**
14 **medical services agency** under a security agreement or a lease for a term of 10 or more successive
15 days.

16 [(10) “Patient” means a person who is ill or injured or who has a disability and who receives
17 emergency or nonemergency care from an emergency medical services provider.]

18 (11)(a) “Patient care” means:

19 (A) **The performance of acts or procedures in the observation, care and counsel of**
20 **emergency medical services patients, or in the administration of care or medication to**
21 **emergency medical services patients as prescribed by an EMS medical director, when the**
22 **care is based upon knowledge and application of the principles of biological, physical and so-**
23 **cial science required for licensure as an emergency medical services provider; and**

24 (B) **The operation of an ambulance and care rendered to an individual as an incident of**
25 **other public or private safety duties, as permitted by the Oregon Health Authority and the**
26 **Oregon Medical Board.**

27 (b) **“Patient care” does not include acts of medical diagnosis or prescription of**
28 **therapeutic or corrective measures.**

29 [(11) “Prehospital care” means care rendered by emergency medical services providers as an inci-
30 dent of the operation of an ambulance and care rendered by emergency medical services providers as
31 incidents of other public or private safety duties, and includes, but is not limited to, “emergency
32 care.”]

33 (12) “Scope of practice” means the maximum level of [emergency or nonemergency] **patient** care
34 that an emergency medical services provider may provide.

35 (13) “Standing orders” means the written protocols that an emergency medical services provider
36 follows to [treat patients] **provide patient care** when direct contact with a physician is not main-
37 tained.

38 [(14) “Supervising physician” means a physician licensed under ORS 677.100 to 677.228, actively
39 registered and in good standing with the Oregon Medical Board, who provides direction of emergency
40 or nonemergency care provided by emergency medical services providers.]

41 [(15) “Unprofessional conduct” means conduct unbecoming a person licensed to perform emergency
42 care, or detrimental to the best interests of the public and includes:]

43 [(a) Any conduct or practice contrary to recognized standards of ethics of the medical profession
44 or any conduct or practice which does or might constitute a danger to the health or safety of a patient
45 or the public or any conduct, practice or condition which does or might impair an emergency medical

1 *services provider’s ability safely and skillfully to practice emergency or nonemergency care;]*

2 *[(b) Willful performance of any medical treatment which is contrary to acceptable medical stan-*
 3 *dards; and]*

4 *[(c) Willful and consistent utilization of medical service for treatment which is or may be consid-*
 5 *ered inappropriate or unnecessary.]*

6 **(14) “Unprofessional conduct” has the meaning given that term in ORS 676.150.**

7 **SECTION 52.** ORS 682.025, as amended by section 51 of this 2021 Act, is amended to read:
 8 682.025. As used in this chapter:

9 (1) “Ambulance” or “ambulance vehicle” means a privately or publicly owned motor vehicle,
 10 aircraft or watercraft that is regularly provided or offered to be provided for the emergency trans-
 11 portation of emergency medical services patients.

12 (2) “Ambulance service” means a person, governmental unit or other entity that operates am-
 13 bulances and that holds itself out as providing patient care to emergency medical services patients.

14 (3) “Emergency medical services agency” means an ambulance service **or a nontransport EMS**
 15 **service** that uses emergency medical services providers to respond to requests for emergency med-
 16 ical services, including 9-1-1 calls from emergency medical services patients.

17 (4) “Emergency medical services patient” means a person who is ill or injured, or who has a
 18 disability, and for whom patient care from an emergency medical services provider is requested.

19 (5) “Emergency medical services provider” means a person who has received formal training in
 20 patient care, and is licensed to attend an emergency medical services patient. Police officers, fire-
 21 fighters, funeral home employees and other persons serving in a dual capacity one of which meets
 22 the definition of “emergency medical services provider” are “emergency medical services
 23 providers” within the meaning of this chapter.

24 (6) “EMS medical director” means a supervising physician licensed under ORS chapter 677 who
 25 is responsible for providing specialized medical oversight of emergency medical services agencies
 26 and for the direction of emergency and nonemergency care provided to emergency medical services
 27 patients.

28 (7) “Fraud or deception” means the intentional misrepresentation or misstatement of a material
 29 fact, concealment of or failure to make known any material fact, or any other means by which
 30 misinformation or false impression knowingly is given.

31 (8) “Governmental unit” means the state or any county, municipality or other political subdivi-
 32 sion or any department, board or other agency of any of them.

33 (9) “Highway” means every public way, thoroughfare and place, including bridges, viaducts and
 34 other structures within the boundaries of this state, used or intended for the use of the general
 35 public for vehicles.

36 **(10) “Nontransport EMS service” means a person, governmental unit or other entity that**
 37 **uses emergency medical services providers to respond to public requests for emergency**
 38 **medical services but that is not licensed as an ambulance service.**

39 [(10)] **(11) “Owner”** means the person having all the incidents of ownership in an emergency
 40 medical services agency or an ambulance vehicle or where the incidents of ownership are in differ-
 41 ent persons, the person, other than a security interest holder or lessor, entitled to the possession
 42 of an ambulance vehicle or operation of an emergency medical services agency under a security
 43 agreement or a lease for a term of 10 or more successive days.

44 [(11)(a)] **(12)(a) “Patient care”** means:

45 (A) The performance of acts or procedures in the observation, care and counsel of emergency

1 medical services patients, or in the administration of care or medication to emergency medical ser-
2 vices patients as prescribed by an EMS medical director, when the care is based upon knowledge
3 and application of the principles of biological, physical and social science required for licensure as
4 an emergency medical services provider; and

5 (B) The operation of an ambulance and care rendered to an individual as an incident of other
6 public or private safety duties, as permitted by the Oregon Health Authority and the Oregon Med-
7 ical Board.

8 (b) "Patient care" does not include acts of medical diagnosis or prescription of therapeutic or
9 corrective measures.

10 [(12)] (13) "Scope of practice" means the maximum level of patient care that an emergency
11 medical services provider may provide.

12 [(13)] (14) "Standing orders" means the written protocols that an emergency medical services
13 provider follows to provide patient care when direct contact with a physician is not maintained.

14 [(14)] (15) "Unprofessional conduct" has the meaning given that term in ORS 676.150.

15 **SECTION 53.** ORS 682.031 is amended to read:

16 682.031. (1) As used in this section, "political subdivision" includes counties, cities, districts,
17 authorities and other public corporations and entities organized and existing under statute or
18 charter.

19 (2) An ordinance of any political subdivision regulating [*ambulance services*] **emergency med-**
20 **ical services agencies** or emergency medical services providers may not require less than is re-
21 quired under ORS 820.300 to 820.380, or this chapter or the rules adopted by the Oregon Health
22 Authority under this chapter.

23 (3) When a political subdivision enacts an ordinance regulating [*ambulance services*] **emergency**
24 **medical services agencies** or emergency medical services providers, the ordinance must comply
25 with the county plan for ambulance services and ambulance service areas adopted under ORS
26 682.062 by the county in which the political subdivision is situated and with the rules of the Oregon
27 Health Authority relating to [*such*] **ambulance** services and **ambulance** service areas. The county
28 governing body shall [*make the determination of*] **determine** whether the ordinance is in compliance
29 with the county plan.

30 **SECTION 54.** ORS 682.031, as amended by section 53 of this 2021 Act, is amended to read:

31 682.031. (1) As used in this section, "political subdivision" includes counties, cities, districts,
32 authorities and other public corporations and entities organized and existing under statute or
33 charter.

34 (2) An ordinance of any political subdivision regulating emergency medical services agencies or
35 emergency medical services providers may not require less than is required under ORS 820.300 to
36 820.380, or this chapter or the rules adopted by the Oregon Health Authority under this chapter.

37 (3) When a political subdivision enacts an ordinance regulating emergency medical services
38 agencies or emergency medical services providers, the ordinance must comply with the county plan
39 for ambulance services, **nontransport EMS services** and ambulance service areas adopted under
40 ORS 682.062 by the county in which the political subdivision is situated and with the rules of the
41 Oregon Health Authority relating to ambulance services, **nontransport EMS services** and ambu-
42 lance service areas. The county governing body shall determine whether the ordinance is in com-
43 pliance with the county plan.

44 **SECTION 55.** ORS 682.035 is amended to read:

45 682.035. ORS 820.330 to 820.380 and this chapter do not apply to:

1 (1) Ambulances owned by or operated, and emergency medical [*service*] **services** providers who
2 operate, under the control of the United States Government.

3 (2) Vehicles being used to render temporary assistance in the case of a major catastrophe or
4 emergency with which the [*ambulance services*] **emergency medical services agencies** of the sur-
5 rounding locality are unable to cope, or when directed to be used to render temporary assistance
6 by an official at the scene of an accident.

7 (3) Vehicles operated solely on private property or within the confines of institutional grounds,
8 whether or not the incidental crossing of any highway through the property or grounds is involved.

9 (4) Vehicles operated by lumber industries solely for the transportation of lumber industry em-
10 ployees.

11 (5) Any person who drives or attends [*a*] **an emergency medical services** patient, if the
12 **emergency medical services** patient is transported in a vehicle described in subsections (2) to (4)
13 of this section.

14 (6) Any person who otherwise by license is authorized to attend **emergency medical services**
15 patients.

16 **SECTION 56.** ORS 682.041 is amended to read:

17 682.041. The Legislative Assembly declares that the regulation of [*ambulance services*] **emer-**
18 **gency medical services agencies** and the establishment of ambulance service areas are important
19 functions of counties, cities and rural fire protection districts in this state. It is the intent of the
20 Legislative Assembly in ORS 478.260, [682.027,] 682.031, 682.041, 682.062, 682.063 and 682.066 to af-
21 firm the authority of counties, cities and rural fire protection districts to regulate **emergency**
22 **medical services agencies and** ambulance [*services and*] **service** areas and to exempt [*such*] **the**
23 **regulation of emergency medical services agencies and ambulance service areas** from liability
24 under federal antitrust laws.

25 **SECTION 57.** ORS 682.045 is amended to read:

26 682.045. (1) [*A license for an ambulance service or the operation of ambulance vehicles shall be*
27 *obtained from the Oregon Health Authority.*] **A person may not operate an emergency medical**
28 **services agency or an ambulance unless the person holds a license issued by the Oregon**
29 **Health Authority under ORS 682.047.**

30 (2) [*Applications for licenses shall*] **An application for a license must** be upon [*forms*] **a form**
31 prescribed by the authority and [*shall*] **must** contain:

32 (a) The name and address of the person or governmental unit [*owning the ambulance service or*
33 *vehicle*] **that owns the emergency medical services agency or ambulance.**

34 (b) If other than the applicant's true name, the name under which the applicant is doing busi-
35 ness.

36 (c) In the case of an ambulance vehicle, a description of the ambulance, including the make,
37 model, year of manufacture, registration number and the insignia name, monogram or other distin-
38 guishing characteristics to be used to designate the applicant's ambulance vehicles.

39 (d) The location and description of the principal place of business of the [*ambulance service*]
40 **emergency medical services agency**, and the locations and descriptions of the place or places from
41 which its ambulance is intended to operate.

42 (e) [*Such*] Other information [*as*] **that** the authority may reasonably require to determine com-
43 pliance with ORS 820.350 to 820.380 and this chapter and the rules adopted [*thereunder*] **under ORS**
44 **820.350 to 820.380 and this chapter.**

45 (3) Except [*in the case of governmental units*] **when the applicant is a governmental unit**, the

1 application *[shall]* **must** be accompanied by future responsibility filing of the type described under
 2 ORS 806.270.

3 **SECTION 58.** ORS 682.047 is amended to read:

4 682.047. (1) *[When applications have been made as required under ORS 682.045,]* The Oregon
 5 Health Authority shall issue *[licenses to the owner]* **a license to the owner of an emergency**
 6 **medical services agency, or the owner of an ambulance, that applies for a license under ORS**
 7 **682.045** if *[it is found]* **the authority finds** that the *[ambulance service and]* **emergency medical**
 8 **services agency or ambulance** *[comply]* **complies** with the requirements of ORS 820.350 to 820.380
 9 and this chapter and the rules adopted *[thereunder]* **under ORS 820.350 to 820.380 and this**
 10 **chapter.**

11 (2) *[Each license unless sooner suspended or revoked shall expire on the next June 30 or on such*
 12 *date as may be specified by authority rule.]* **An emergency medical services agency license or**
 13 **ambulance license expires on the next June 30 after the license is issued or on another date**
 14 **specified by the authority by rule.**

15 (3) The authority may initially issue a license for less than a 12-month period or for more than
 16 a 12-month period not to exceed 15 months.

17 (4) *[Licenses shall be issued only to the owner of the ambulance service and only for the ambulance*
 18 *named in the application and shall not be]* **A license issued under this section is not** transferable
 19 to any other person, governmental unit, *[ambulance service]* **emergency medical services agency**
 20 or ambulance.

21 (5) Licenses *[shall]* **must** be displayed as prescribed by the rules of the authority.

22 (6) The authority shall provide for the replacement of any current license that becomes lost,
 23 damaged or destroyed. *[A replacement fee of \$10 shall be charged for each replacement license.]*

24 (7) Nonrefundable fees in the following amounts *[shall]* **must** accompany each initial and each
 25 subsequent annual application to obtain a license to operate an *[ambulance service]* **emergency**
 26 **medical services agency** and ambulance:

27 (a) *[\$75]* **\$190** for an *[ambulance service]* **emergency medical services agency** having a maxi-
 28 mum of four full-time paid positions;

29 (b) *[\$250]* **\$625** for an *[ambulance service]* **emergency medical services agency** having five or
 30 more full-time paid positions;

31 (c) *[\$45]* **\$115** for each ambulance license if the ambulance is owned and operated by an ambu-
 32 lance service that has a maximum of four full-time paid positions; and

33 (d) *[\$80]* **\$200** for each ambulance license if the ambulance is owned and operated by an ambu-
 34 lance service having five or more full-time paid positions.

35 (8) The fees established under subsection (7) of this section do not apply to an ambulance or
 36 vehicle described under ORS 682.035.

37 **SECTION 59.** ORS 682.051 is amended to read:

38 682.051. (1) **A person or governmental unit commits the offense of unlawful operation of**
 39 **an unlicensed emergency medical services agency if the person or governmental unit adver-**
 40 **tises or routinely conducts patient care in this state and the person or governmental unit**
 41 **is not an emergency medical services agency licensed under ORS 682.047.**

42 (2) A person or governmental unit commits the offense of unlawful operation of an unlicensed
 43 ambulance *[or the offense of unlawful operation of an unlicensed ambulance service]* if the person or
 44 governmental unit advertises or operates in this state a motor vehicle, aircraft or watercraft am-
 45 bulance that:

1 (a) Is not operated by an [*ambulance service*] **emergency medical services agency, or as an**
 2 **ambulance**, licensed under [*this chapter*] **ORS 682.047; or**

3 (b) Is not licensed under this chapter[; and]

4 [(c) *Does not meet the minimum requirements established under this chapter by the Oregon Health*
 5 *Authority in consultation with the State Emergency Medical Service Committee for that type of ambu-*
 6 *lance*].

7 [(2)] (3) This section does not apply to any ambulance or any person if the ambulance or person
 8 is exempted by ORS 682.035 or 682.079 from regulation by the **Oregon Health** Authority.

9 [(3) *Authority of political subdivisions to regulate ambulance services or to regulate or allow the*
 10 *use of ambulances is limited under ORS 682.031.*]

11 (4) [*The offense described in this section,*] Unlawful operation of an unlicensed **emergency**
 12 **medical services agency or unlawful operation of an unlicensed** ambulance [*or ambulance ser-*
 13 *vice,*] is a Class A misdemeanor. Each day of continuing violation shall be considered a separate
 14 offense.

15 (5) In addition to the penalties prescribed by subsection (4) of this section, the authority may
 16 impose upon a licensed [*ambulance service*] **emergency medical services agency or ambulance** a
 17 civil penalty not to exceed \$5,000 for each violation of this chapter and the rules adopted
 18 [*thereunder*] **under this chapter**. Each day of continuing violation shall be considered a separate
 19 violation for purposes of this subsection.

20 **SECTION 60.** ORS 682.056 is amended to read:

21 682.056. (1)(a) [*Ambulance services*] **Emergency medical services agencies** shall report patient
 22 encounter data to the electronic emergency medical services data system managed by the Oregon
 23 Health Authority for each patient care event in accordance with rules adopted by the authority,
 24 **with the advice of the Emergency Health Care System Advisory Board**, under ORS 682.017.

25 (b) The authority by rule shall specify the patient encounter data elements to be transferred
 26 from the electronic emergency medical services data system to the Oregon Trauma Registry and
 27 shall establish the procedures for the electronic transfer of the patient encounter data.

28 (2)(a) The patient outcome data described in subsection (3) of this section about [*a*] **emer-**
 29 **gency medical services** patient who an ambulance service transported to a hospital, and that the
 30 hospital entered into the Oregon Trauma Registry, must be available to the designated official of the
 31 ambulance service that transported the **emergency medical services** patient.

32 (b) The authority by rule shall specify the method by which the patient outcome data will be
 33 made available to the designated official of an ambulance service.

34 (3) Patient outcome data includes:

35 (a) The health outcomes of the **emergency medical services** patient who was the subject of the
 36 prehospital **patient** care event from the emergency department or other intake facility of the hos-
 37 pital, including but not limited to:

38 (A) Whether the **emergency medical services** patient was admitted to the hospital; and

39 (B) If the **emergency medical services** patient was admitted, to what unit the **emergency**
 40 **medical services** patient was assigned;

41 (b) The **emergency medical services** patient's chief complaint, the diagnosis the **emergency**
 42 **medical services** patient received in the emergency department or other intake facility and any
 43 procedures performed on the **emergency medical services** patient;

44 (c) The emergency department or hospital discharge disposition of the **emergency medical**
 45 **services** patient; and

1 (d) Demographic or standard health care information as required by the authority by rule.

2 (4) Data provided pursuant to this section shall be:

3 (a) Treated as a confidential medical record and not disclosed; and

4 (b) Considered privileged data under ORS 41.675 and 41.685.

5 (5) Data provided pursuant to this section may be used for quality assurance, quality improve-
6 ment, epidemiological assessment and investigation, public health critical response planning, pre-
7 vention activities and other purposes that the authority determines necessary.

8 (6)(a) A nontransporting prehospital care provider may report patient encounter data to the
9 electronic emergency medical services data system.

10 (b) A nontransporting prehospital care provider that reports patient encounter data shall comply
11 with the reporting requirements that apply to ambulance services.

12 (c) The patient outcome data described in subsection (3) of this section must be available to the
13 designated official of the nontransporting prehospital care provider that provided care and reported
14 patient encounter data about the **emergency medical services** patient.

15 (7) The authority, **with the advice of the board**, may adopt rules to carry out this section, in-
16 cluding rules to:

17 (a) Establish software interoperability standards and guidance to assist in reporting the patient
18 encounter data required by this section;

19 (b) Specify the method by which the patient outcome data will be made available to
20 nontransporting prehospital care providers; and

21 (c) Define “nontransporting prehospital care provider.”

22 **SECTION 61.** ORS 682.056, as amended by section 60 of this 2021 Act, is amended to read:

23 682.056. (1)[(a)] Emergency medical services agencies shall report patient encounter data to [*the*
24 *electronic emergency medical services data system managed by the Oregon Health Authority for each*
25 *patient care event in accordance with*] **one or more emergency health care data systems estab-**
26 **lished and maintained under section 26 of this 2021 Act pursuant to** rules adopted by the
27 **Oregon Health** Authority, with the advice of the Emergency Health Care System Advisory Board,
28 under ORS 682.017.

29 [*(b) The authority by rule shall specify the patient encounter data elements to be transferred from*
30 *the electronic emergency medical services data system to the Oregon Trauma Registry and shall es-*
31 *tablish the procedures for the electronic transfer of the patient encounter data.*]

32 (2)(a) The patient outcome data described in subsection (3) of this section about an emergency
33 medical services patient who an ambulance service transported to a hospital, and that the hospital
34 entered into [*the Oregon Trauma Registry*] **a data system described in subsection (1) of this**
35 **section**, must be available to the designated official of the ambulance service that transported the
36 emergency medical services patient.

37 (b) The authority by rule shall specify the method by which the patient outcome data will be
38 made available to the designated official of an ambulance service.

39 (3) Patient outcome data includes:

40 (a) The health outcomes of the emergency medical services patient who was the subject of the
41 prehospital patient care event from the emergency department or other intake facility of the hospi-
42 tal, including but not limited to:

43 (A) Whether the emergency medical services patient was admitted to the hospital; and

44 (B) If the emergency medical services patient was admitted, to what unit the emergency medical
45 services patient was assigned;

1 (b) The emergency medical services patient’s chief complaint, the diagnosis the emergency
 2 medical services patient received in the emergency department or other intake facility and any
 3 procedures performed on the emergency medical services patient;

4 (c) The emergency department or hospital discharge disposition of the emergency medical ser-
 5 vices patient; and

6 (d) Demographic or standard health care information as required by the authority by rule.

7 (4) Data provided pursuant to this section shall be:

8 (a) Treated as a confidential medical record and not disclosed; and

9 (b) Considered privileged data under ORS 41.675 and 41.685.

10 (5) Data provided pursuant to this section may be used for quality assurance, quality improve-
 11 ment, epidemiological assessment and investigation, public health critical response planning, pre-
 12 vention activities and other purposes that the authority determines necessary.

13 (6)(a) *A nontransporting prehospital care provider may report patient encounter data to the elec-
 14 tronic emergency medical services data system.]*

15 *[(b) A nontransporting prehospital care provider that reports patient encounter data shall comply
 16 with the reporting requirements that apply to ambulance services.]*

17 *[(c)]* The patient outcome data described in subsection (3) of this section must be available to
 18 the designated official of *[the nontransporting prehospital care provider]* **a nontransport EMS ser-**
 19 **vice** that provided care and reported patient encounter data about the emergency medical services
 20 patient.

21 (7) The authority, with the advice of the board, may adopt rules to carry out this section, in-
 22 cluding rules to:

23 (a) Establish software interoperability standards and guidance to assist in reporting the patient
 24 encounter data required by this section; **and**

25 (b) Specify the method by which the patient outcome data will be made available to
 26 *[nontransporting prehospital care providers; and]* **the designated official of a nontransport EMS**
 27 **service.**

28 *[(c) Define “nontransporting prehospital care provider.”]*

29 **SECTION 62.** ORS 682.059 is amended to read:

30 682.059. (1) The Oregon Health Authority shall make publicly available on a website operated
 31 by or on behalf of the authority an annual report of the data collected by the authority under ORS
 32 682.056.

33 (2) The authority shall consult with the *[State Emergency Medical Service Committee]* **Emer-**
 34 **gency Medical Services Advisory Committee** to determine the data to include in the report re-
 35 quired under this section.

36 (3) The report required under this section may not contain individually identifiable health in-
 37 formation, as defined in ORS 192.556, or other information protected from public disclosure by state
 38 or federal law.

39 **SECTION 63.** ORS 682.059, as amended by section 62 of this 2021 Act, is amended to read:

40 682.059. (1) The Oregon Health Authority shall make publicly available on a website operated
 41 by or on behalf of the authority an annual report of the data *[collected by the authority]* **reported**
 42 **to the data system** under ORS 682.056.

43 (2) The authority shall consult with the Emergency Medical Services Advisory Committee to
 44 determine the data to include in the report required under this section.

45 (3) The report required under this section may not contain individually identifiable *[health]* in-

1 formation, as defined in [ORS 192.556] **section 26 of this 2021 Act**, or other information protected
2 from public disclosure by state or federal law.

3 **SECTION 64.** ORS 682.062 is amended to read:

4 682.062. (1) Each county shall develop a plan for the county or two or more contiguous counties
5 may develop a plan relating to the need for and coordination of [ambulance services] **patient care**
6 **services** and establish one or more ambulance service areas consistent with the plan for the effi-
7 cient and effective provision of [ambulance services] **patient care services**.

8 (2) Each person, city or rural fire protection district within the county that provides or desires
9 to provide [ambulance services] **patient care services** shall notify the county in writing if the per-
10 son, city or district wants to be consulted prior to the adoption or amendment of a county plan for
11 [ambulance] **the** services.

12 (3) Prior to adopting or amending a plan under subsection (1) of this section, a county shall
13 notify each person, city or district that notified the county under subsection (2) of this section of its
14 desire to be consulted. The county governing body shall consult with and seek advice from such
15 persons, cities and districts with regard to the plan and to the boundaries of any ambulance service
16 areas established under the plan. After such consultation, the county shall adopt or amend a plan
17 in the same manner as the county enacts nonemergency ordinances.

18 (4) **A county shall submit** any plan developed and any service area established pursuant to
19 subsection (1) of this section [*shall be submitted*] to the Oregon Health Authority.

20 (5) The authority[, *in consultation with the appropriate bodies specified in subsection (1) of this*
21 *section,*] shall adopt rules pursuant to ORS chapter 183 that specify those subjects to be addressed
22 and considered in any plan for [ambulance] **patient care** services and **ambulance service** areas
23 under subsection (1) of this section and those subjects to be addressed and considered in the
24 adoption of [*any such*] **the** plan. The rules [*shall*] **must** be uniform, as far as practicable, but take
25 into consideration unique circumstances of local districts.

26 (6) The authority shall review a plan submitted under subsection (4) of this section for compli-
27 ance with the rules of the authority adopted under subsection (5) of this section. Not later than 60
28 days after receiving the plan, the authority shall approve the plan if it complies with the rules or
29 disapprove the plan. The authority shall give written notice of [*such action*] **the approval or dis-**
30 **approval** to the county [*and, when a plan is not approved, the notice shall*]. **If the authority does**
31 **not approve the plan, the notice described in this subsection must** indicate specifically how the
32 plan does not comply with the rules of the authority. The county shall modify the plan to comply
33 with the rules and shall submit the modified plan to the authority for review under this subsection.

34 (7) The rules adopted under subsection (5) of this section [*shall be*] **are** enforceable by the au-
35 thority in a proceeding in circuit court for equitable relief.

36 (8) This section does not require a county to establish more than one ambulance service area
37 within the county.

38 **SECTION 65.** ORS 682.063 is amended to read:

39 682.063. (1) In addition to the other requirements of ORS 682.031 and 682.062, when initially
40 adopting a plan for [ambulance services] **patient care services** and ambulance service areas under
41 ORS 682.062 or upon any subsequent review of the plan, a county shall:

42 (a) Consider [*any and*] all proposals for providing [ambulance services] **patient care services**
43 that are submitted by a person or governmental unit or a combination thereof;

44 (b) Require persons and governmental units that desire to provide [ambulance services] **patient**
45 **care services** under the plan to meet all the requirements established by the plan; and

1 (c) Consider existing boundaries of cities and rural fire protection districts when establishing
2 ambulance service areas under the plan.

3 (2) When determining the provider of *[ambulance services]* **patient care services** upon initial
4 adoption or subsequent review of a plan under ORS 682.062, a county *[shall]* **may** not grant prefer-
5 ence under the plan to any person or governmental unit solely because that person or governmental
6 unit is providing *[ambulance services]* **patient care services** at the time of adoption or review of the
7 plan.

8 **SECTION 66.** ORS 682.066 is amended to read:

9 682.066. When a county plan is not adopted for a county under ORS 682.062, a person or gov-
10 ernmental unit may provide *[ambulance services]* **patient care services** within the county. A city
11 or rural fire protection district may provide *[such]* **patient care** services within and outside the city
12 or district boundaries in accordance with policies adopted by the governing body of the city or
13 district, including operation in other districts or cities by intergovernmental agreement under ORS
14 chapter 190.

15 **SECTION 67.** ORS 682.068 is amended to read:

16 682.068. (1) The Oregon Health Authority, in consultation with the *[State Emergency Medical*
17 *Service Committee]* **Emergency Medical Services Advisory Committee**, shall adopt rules specify-
18 ing minimum requirements for *[ambulance services]* **emergency medical services agencies**, and for
19 staffing and medical and communications equipment requirements for all types of ambulances. The
20 rules must define the requirements for advanced life support and basic life support units of emer-
21 gency vehicles, including equipment and emergency medical services provider staffing of the pas-
22 senger compartment when *[a]* **an emergency medical services** patient is being transported in
23 emergency circumstances.

24 (2) The authority may waive any of the requirements imposed by this chapter in medically dis-
25 advantaged areas as determined by the Director of the Oregon Health Authority, or upon a showing
26 that a severe hardship would result from enforcing a particular requirement.

27 *[(3) The authority shall exempt from rules adopted under this section air ambulances that do not*
28 *charge for the provision of ambulance services.]*

29 **SECTION 68.** ORS 682.075 is amended to read:

30 682.075. (1) Subject to any law or rule *[pursuant thereto]* relating to the construction or equip-
31 ment of ambulances, the Oregon Health Authority shall, with the advice of the *[State Emergency*
32 *Medical Service Committee appointed under ORS 682.039]* **Emergency Medical Services Advisory**
33 **Committee** and in accordance with ORS chapter 183, adopt *[and when necessary amend or repeal]*
34 rules relating to the construction, maintenance, capacity, sanitation, emergency medical supplies and
35 equipment of ambulances.

36 (2) In order for an owner to secure and retain a license for an ambulance under this chapter,
37 *[it shall]* **the owner must** meet the requirements *[imposed by rules of the authority]* **established by**
38 **the authority by rule.** The requirements may relate to construction, maintenance, capacity, sani-
39 tation and emergency medical supplies and equipment on ambulances. *[Such requirements shall]* **The**
40 **requirements established under this section must** include, but are not limited to, requirements
41 relating to space in patient compartments, access to patient compartments, storage facilities, oper-
42 ating condition, cots, mattresses, stretchers, cot and stretcher fasteners, bedding, oxygen and re-
43 suscitation equipment, splints, tape, bandages, tourniquets, patient convenience accessories,
44 cleanliness of vehicle and laundering of bedding.

45 **SECTION 69.** ORS 682.079 is amended to read:

1 682.079. (1)(a) The Oregon Health Authority may grant exemptions or variances from one or
 2 more of the requirements of ORS 820.330 to 820.380 or this chapter or the rules adopted under ORS
 3 820.330 to 820.380 or this chapter to any class of vehicles if the authority finds that compliance with
 4 the requirement or requirements is inappropriate:

5 (A) Because special circumstances exist that would render compliance unreasonable, burden-
 6 some or impractical because of special conditions or cause; or

7 (B) Because compliance would result in substantial curtailment of necessary ambulance service.

8 (b) Exemptions or variances granted under this subsection may be limited in time or may be
 9 conditioned as the authority considers necessary to protect the public welfare.

10 (2) In determining whether or not to **grant** a variance [*shall be granted*], the authority:

11 (a) May receive the advice of the [*State Emergency Medical Service Committee*] **Emergency**
 12 **Medical Services Advisory Committee**; and

13 (b) In all cases, shall weigh the equities involved and the advantages and disadvantages to the
 14 welfare of **emergency medical services** patients and the owners of vehicles.

15 (3) **The authority shall adopt** rules [*under this section shall be adopted, amended or repealed*]
 16 in accordance with ORS 183.330 **to carry out this section.**

17 **SECTION 70.** ORS 682.085 is amended to read:

18 682.085. (1) The Oregon Health Authority or its authorized representatives may at reasonable
 19 times inspect ambulances and [*ambulance services*] **emergency medical services agencies** licensed
 20 or subject to being licensed under this chapter.

21 (2) The authority may suspend or revoke a license if the [*ambulance service*] owner fails to take
 22 corrective action required pursuant to an inspection of an ambulance or [*ambulance service*] **emer-**
 23 **gency medical services agency** under this section.

24 **SECTION 71.** ORS 682.089 is amended to read:

25 682.089. (1) [*When*] A city, county or district **that** requires [*an ambulance service*] **a provider**
 26 **of patient care services** currently operating within the city, county or district to be replaced by
 27 another public or private [*ambulance service, the city, county or district*] **provider of patient care**
 28 **services** shall provide that:

29 (a) Emergency medical services provider staffing is maintained at least at the levels established
 30 in the local plan for [*ambulance services*] **patient care services** and ambulance service areas de-
 31 veloped under ORS 682.062; and

32 (b) When hiring emergency medical services providers to fill vacant or new positions during the
 33 six-month period immediately following the date of replacement, the replacement [*ambulance*
 34 *service*] **provider of patient care services** shall give preference to qualified employees of the pre-
 35 vious [*ambulance service*] **provider of patient care services** at comparable levels of licensure.

36 (2) As used in this section,[:]

37 [(a) "Ambulance service" means any individual, partnership, corporation, association or agency
 38 that provides transport services and emergency medical services through use of licensed ambulances.]

39 [(b)] "district" has the meaning given that term by ORS 198.010.

40 **SECTION 72.** ORS 682.105 is amended to read:

41 682.105. (1) In order to secure and retain a license under this chapter, the owner of an ambu-
 42 lance or ambulance service, other than a governmental unit, shall file and maintain with the Oregon
 43 Health Authority proof of ability to respond in damages for liability arising from the ownership,
 44 operation, use or maintenance of the ambulance, or arising from the delivery of [*prehospital*] **patient**
 45 care, in the amount of:

1 (a) \$100,000 because of bodily injury to or death of one person in any one accident;

2 (b) Subject to that limit for one person, \$300,000 because of bodily injury to or death of two or
3 more persons in any one accident;

4 (c) \$20,000 because of injury to or destruction of the property of others in any one accident; and

5 (d) \$500,000 because of injury arising from the negligent provision of *[prehospital]* **patient** care
6 to any individual.

7 (2) Proof of financial responsibility under subsection (1) of this section may be given by filing
8 with the authority, for the benefit of the owner:

9 (a) A certificate of insurance issued by an insurance carrier licensed to transact insurance in
10 this state showing that:

11 (A) The owner has procured and that there is in effect a motor vehicle liability policy for the
12 limits of financial responsibility mentioned in subsection (1)(a) to (c) of this section designating by
13 explicit description all motor vehicles *[with respect to]* **for** which coverage is granted *[thereby]* and
14 insuring the named insured and all other persons using *[any such]* **a motor vehicle for which cov-**
15 **erage is provided** with insured's consent against loss from the liabilities imposed by law for dam-
16 ages arising out of the ownership, operation, use or maintenance of *[any such]* **the** motor
17 vehicle[,] and

18 (B) *[that]* There is in effect a professional liability policy for the limit of financial responsibility
19 described in subsection (1)(d) of this section insuring the named insured and all other persons en-
20 gaged in the provision of *[prehospital]* **patient** care under the auspices of the licensed ambulance
21 service against loss from the liabilities imposed by law for damages arising out of the provision of
22 *[prehospital]* **patient** care;

23 (b) A bond conditioned for the paying in behalf of the principal, the limits of financial respon-
24 sibility mentioned in subsection (1) of this section; or

25 (c) A certificate of the State Treasurer that *[such]* **the** owner has deposited with the State
26 Treasurer the sum of \$320,000 in cash, in the form of an irrevocable letter of credit issued by an
27 insured institution as defined in ORS 706.008 or in securities such as may legally be purchased by
28 fiduciaries or for trust funds of a market value of \$320,000.

29 **SECTION 73.** ORS 682.105, as amended by section 72 of this 2021 Act, is amended to read:

30 682.105. (1) In order to secure and retain a license under this chapter, the owner of an ambu-
31 lance or ambulance service, other than a governmental unit, shall file and maintain with the Oregon
32 Health Authority proof of ability to respond in damages for liability arising from the ownership,
33 operation, use or maintenance of the ambulance, or arising from the delivery of patient care, in the
34 amount of:

35 (a) \$100,000 because of bodily injury to or death of one person in any one accident;

36 (b) Subject to that limit for one person, \$300,000 because of bodily injury to or death of two or
37 more persons in any one accident;

38 (c) \$20,000 because of injury to or destruction of the property of others in any one accident; and

39 (d) \$500,000 because of injury arising from the negligent provision of patient care to any indi-
40 vidual.

41 (2) Proof of financial responsibility under subsection (1) of this section may be given by filing
42 with the authority, for the benefit of the owner:

43 (a) A certificate of insurance issued by an insurance carrier licensed to transact insurance in
44 this state showing that:

45 (A) The owner has procured and that there is in effect a motor vehicle liability policy for the

1 limits of financial responsibility mentioned in subsection (1)(a) to (c) of this section designating by
 2 explicit description all motor vehicles for which coverage is granted and insuring the named insured
 3 and all other persons using a motor vehicle for which coverage is provided with insured's consent
 4 against loss from the liabilities imposed by law for damages arising out of the ownership, operation,
 5 use or maintenance of the motor vehicle; and

6 (B) There is in effect a professional liability policy for the limit of financial responsibility de-
 7 scribed in subsection (1)(d) of this section insuring the named insured and all other persons engaged
 8 in the provision of patient care under the auspices of the licensed ambulance service against loss
 9 from the liabilities imposed by law for damages arising out of the provision of patient care;

10 (b) A bond conditioned for the paying in behalf of the principal, the limits of financial respon-
 11 sibility mentioned in subsection (1) of this section; or

12 (c) A certificate of the State Treasurer that the owner has deposited with the State Treasurer
 13 the sum of \$320,000 in cash, in the form of an irrevocable letter of credit issued by an insured in-
 14 stitution as defined in ORS 706.008 or in securities such as may legally be purchased by fiduciaries
 15 or for trust funds of a market value of \$320,000.

16 **(3) In order to secure and retain a license under ORS 682.047, the owner of a**
 17 **nontransport EMS service, other than a governmental unit, shall file and maintain with the**
 18 **authority proof of ability to respond in damages for liability arising from the delivery of pa-**
 19 **tient care, in the amount of \$500,000 because of injury arising from the negligent provision**
 20 **of patient care to any individual.**

21 **(4) Proof of financial responsibility under subsection (3) of this section may be given by**
 22 **filing with the authority, for the benefit of the owner:**

23 **(a) A certificate of insurance issued by an insurance carrier licensed to transact insur-**
 24 **ance in this state showing that there is in effect a professional liability policy for the limit**
 25 **of financial responsibility described in subsection (3) of this section insuring the named in-**
 26 **sured and all other persons engaged in the provision of patient care under the auspices of**
 27 **the licensed nontransport EMS service against loss from the liabilities imposed by law for**
 28 **damages arising out of the provision of patient care;**

29 **(b) A bond conditioned for the paying in behalf of the principal, the limits of financial**
 30 **responsibility mentioned in subsection (3) of this section; or**

31 **(c) A certificate of the State Treasurer that the owner has deposited with the State**
 32 **Treasurer the sum of \$320,000 in cash, in the form of an irrevocable letter of credit issued**
 33 **by an insured institution as defined in ORS 706.008 or in securities such as may legally be**
 34 **purchased by fiduciaries or for trust funds of a market value of \$320,000.**

35 **SECTION 74.** ORS 682.107 is amended to read:

36 682.107. (1) When insurance is the method chosen to prove financial responsibility, the certif-
 37 icate of insurance [*shall*] **must** be signed by an authorized company representative and [*shall*] **must**
 38 contain the following information:

39 (a) The date on which the policy was issued.

40 (b) The name and address of the named insured.

41 (c) The policy number.

42 (d) The amount of coverage in terms of the liability limits stated in ORS 682.105.

43 (2) The policy of insurance for which the certificate is given [*shall*] **may** not be canceled or
 44 terminated except upon the giving of 10 days' prior written notice to the Oregon Health Authority.
 45 However, an insurance policy subsequently procured and certified to the authority shall, on the date

1 the certificate is filed with the authority, terminate the insurance previously certified with respect
2 to any owner or vehicle designated in both certificates.

3 (3) The vehicle policy need not insure any liability under any worker's compensation, nor any
4 liability on account of bodily injury to or death of an employee of the insured while engaged in the
5 employment of the insured, or while engaged in the operation, maintenance or repair of a vehicle
6 nor any liability for damage to property owned by, rented to, in charge of or transported by the
7 insured.

8 (4) The requirements for a vehicle liability policy and certificate of insurance may be fulfilled
9 by the policies and certificates of one or more insurance carriers *[which]* **if the** policies and certifi-
10 cates together meet *[such]* **the requirements described in this section.**

11 **SECTION 75.** ORS 682.204 is amended to read:

12 682.204. (1) A person may not act as an emergency medical services provider unless the person
13 is licensed under this chapter.

14 (2) A person or governmental unit *[which]* **that** operates an ambulance may not authorize a
15 person to act for *[it]* **the person or governmental unit** as an emergency medical services provider
16 unless the emergency medical services provider is licensed under this chapter.

17 (3) A person or governmental unit may not operate or allow to be operated in this state any
18 ambulance unless *[it]* **the ambulance** is operated with at least one emergency medical services
19 provider who is licensed at a level higher than emergency medical responder.

20 *[(4) It is a defense to any charge under this section that there was a reasonable basis for believing*
21 *that the performance of services contrary to this section was necessary to preserve human life, that*
22 *diligent effort was made to obtain the services of a licensed emergency medical services provider and*
23 *that the services of a licensed emergency medical services provider were not available or were not*
24 *available in time as under the circumstances appeared necessary to preserve such human life.]*

25 *[(5) Subsections (1) to (3) of this section are not applicable to any individual, group of individuals,*
26 *partnership, entity, association or other organization otherwise subject thereto providing a service to*
27 *the public exclusively by volunteer unpaid workers, nor to any person who acts as an ambulance at-*
28 *tendant therefor, provided that in the particular county in which the service is rendered, the county*
29 *court or board of county commissioners has by order, after public hearing, granted exemption from*
30 *such subsections to the individual, group, partnership, entity, association or organization. When ex-*
31 *emption is granted under this section, any person who attends an individual who is ill or injured or*
32 *who has a disability in an ambulance may not purport to be an emergency medical services provider.]*

33 **SECTION 76.** ORS 682.208 is amended to read:

34 682.208. (1) *[A person desiring to be licensed as an emergency medical services provider shall*
35 *submit an application for licensure to the Oregon Health Authority.]* **In order to be licensed as an**
36 **emergency medical services provider, an individual must submit an application for licensure**
37 **to the Oregon Health Authority.** The application must be upon forms prescribed by the authority
38 and must contain:

39 (a) The name and address of the applicant.

40 (b) The name and location of the training course successfully completed by the applicant and
41 the date of completion.

42 (c) Evidence that the authority determines is satisfactory to prove that the applicant's physical
43 and mental health is such that it is safe for the applicant to act as an emergency medical services
44 provider.

45 (d) Other information as the authority may reasonably require to determine compliance with

1 applicable provisions of this chapter and the rules adopted under this chapter.

2 (2) The application must be accompanied by proof as prescribed by rule of the authority of the
3 applicant's successful completion of a training course approved by the authority and, if an extended
4 period of time has elapsed since the completion of the course, of a satisfactory amount of continuing
5 education.

6 (3) The authority shall adopt a schedule of minimum educational requirements in [*emergency and*
7 *nonemergency*] **patient** care for emergency medical services providers. A course approved by the
8 authority must be designed to protect the welfare of [*out-of-hospital*] **emergency medical services**
9 patients, to promote the health, well-being and saving of the lives of [*such*] **emergency medical**
10 **services** patients and to reduce their pain and suffering.

11 **SECTION 77.** ORS 682.216 is amended to read:

12 682.216. (1) [*When application has been made as required under ORS 682.208, the Oregon Health*
13 *Authority shall license the applicant as an emergency medical services provider if it finds*] **The Oregon**
14 **Health Authority shall issue a license to an individual who applies under ORS 682.208 if the**
15 **authority finds that:**

16 (a) The applicant has successfully completed a training course approved by the authority.

17 (b) The applicant meets the physical and mental qualifications required under ORS 682.208.

18 (c) No matter has been brought to the attention of the authority [*which*] **that** would disqualify
19 the applicant.

20 (d) A nonrefundable fee has been paid to the authority pursuant to ORS 682.212.

21 (e) The applicant for an emergency medical services provider license:

22 (A) Is 18 years of age or older if the applicant is applying for a license at a level higher than
23 emergency medical responder; or

24 (B) Is 16 years of age or older if the applicant is applying for a license at the emergency medical
25 responder level.

26 (f) The applicant has successfully completed examination as prescribed by the authority.

27 (g) The applicant meets other requirements prescribed by rule of the authority.

28 (2) The authority may provide for the issuance of a provisional license for emergency medical
29 services providers.

30 (3) The authority may issue an emergency medical services provider **reciprocity** license [*by in-*
31 *dorsement*] without proof of completion of an approved training course to an emergency medical
32 services provider who is licensed to practice [*emergency*] **patient** care in another state of the United
33 States or a foreign country if, in the opinion of the authority, the applicant meets the requirements
34 for licensure in this state and can demonstrate to the satisfaction of the authority competency to
35 practice [*emergency*] **patient** care. The authority is the sole judge of credentials of any emergency
36 medical services provider applying for licensure without proof of completion of an approved training
37 course.

38 (4) [*A person*] **An emergency medical services provider** licensed under this section shall sub-
39 mit, at the time of application for renewal of the license to the authority, evidence of the
40 [*applicant's*] **emergency medical services provider's** satisfactory completion of an authority ap-
41 proved program of continuing education and other requirements prescribed by rule by the authority.

42 (5) The authority shall prescribe criteria and approve programs of continuing education in
43 [*emergency and nonemergency*] **patient** care to meet the requirements of this section.

44 (6) The authority shall include a fee [*pursuant to ORS 682.212*], **established by the authority**
45 **by rule**, for late renewal and for issuance of any duplicate license. [*Each*] **A** license issued under

1 this section, unless sooner suspended or revoked, expires and is renewable after a period of two
 2 years. *[Each]* **A** license must be renewed on or before June 30 of every second year or on or before
 3 *[such date as may be specified by authority rule]* **another date specified by the authority by rule.**
 4 The authority by rule shall establish a schedule of license renewals under this subsection and shall
 5 prorate the fees to reflect any shorter license period.

6 (7) Nothing in this chapter authorizes an emergency medical services provider to operate an
 7 ambulance without a driver license as required under the Oregon Vehicle Code.

8 **SECTION 78.** ORS 682.218 is amended to read:

9 682.218. The Oregon Health Authority shall adopt rules to allow an applicant for *[licensure by*
 10 *indorsement]* **a reciprocity license** as an emergency medical services provider to substitute experi-
 11 ence and certification by a national registry of emergency medical services providers for education
 12 requirements imposed by the authority.

13 **SECTION 79.** ORS 682.220 is amended to read:

14 682.220. (1) The Oregon Health Authority may deny, suspend or revoke licenses for ambulances
 15 and *[ambulance services]* **emergency medical services agencies** in accordance with the provisions
 16 of ORS chapter 183 for a failure to comply with any of the requirements of ORS 820.350 to 820.380
 17 and this chapter or the rules adopted *[thereunder]* **under ORS 820.350 to 820.380 or this chapter.**

18 (2) The license of an emergency medical services provider may be denied, suspended or revoked
 19 in accordance with the provisions of ORS chapter 183 for any of the following reasons:

20 (a) A failure to have completed successfully an authority approved course.

21 (b) In the case of a provisional license, failure to have completed successfully an authority ap-
 22 proved course.

23 (c) Failure to meet or continue to meet the physical and mental qualifications required under
 24 ORS 682.208.

25 (d) The use of fraud or deception in *[receiving]* **obtaining** a license.

26 (e) Practicing skills beyond the scope of practice established by the Oregon Medical Board un-
 27 der ORS 682.245.

28 (f) Rendering *[emergency or nonemergency]* **patient** care under an assumed name.

29 (g) *[The impersonation of]* **Impersonating** another emergency medical services provider **or**
 30 **claiming a different level of licensure than that possessed by the emergency medical services**
 31 **provider.**

32 (h) Unprofessional conduct.

33 (i) Obtaining a fee by fraud or misrepresentation.

34 (j) Habitual or excessive use of intoxicants or drugs.

35 (k) The presence of a mental disorder that demonstrably affects an emergency medical services
 36 provider's performance, as certified by two psychiatrists retained by the authority.

37 (L) Subject to ORS 670.280, conviction of any criminal offense that reasonably raises questions
 38 about the ability of the emergency medical services provider to perform the duties of an emergency
 39 medical services provider in accordance with the standards established by this chapter. A copy of
 40 the record of conviction, certified to by the clerk of the court entering the conviction, is conclusive
 41 evidence of the conviction.

42 (m) Suspension or revocation of an emergency medical services provider license issued by an-
 43 other state:

44 (A) For a reason that would permit the authority to suspend or revoke a license issued under
 45 this chapter; and

1 (B) Evidenced by a certified copy of the order of suspension or revocation.

2 (n) Gross negligence or repeated negligence in rendering [*emergency medical assistance*] **patient**
3 **care**.

4 (o) Rendering [*emergency or nonemergency*] **patient** care without being licensed, except as pro-
5 vided in ORS 30.800.

6 (p) Rendering [*emergency or nonemergency*] **patient** care as an emergency medical services pro-
7 vider without written authorization and standing orders from [*a supervising physician who has been*
8 *approved by the Oregon Medical Board*] **an EMS medical director** in accordance with ORS 682.245.

9 (q) Refusing an invitation for an interview with the authority as specified in this section.

10 (3) The authority may investigate any evidence that appears to show that an emergency medical
11 services provider licensed by the authority is or may be medically incompetent, guilty of unprofes-
12 sional or dishonorable conduct or mentally or physically unable to safely function as an emergency
13 medical services provider. The authority may investigate the off-duty conduct of an emergency
14 medical services provider to the extent that [*such*] **the off-duty** conduct may reasonably raise
15 questions about the ability of the emergency medical services provider to perform the duties of an
16 emergency medical services provider in accordance with the standards established by this chapter.
17 Upon receipt of a complaint about an emergency medical services provider or applicant, the au-
18 thority shall conduct an investigation as described under ORS 676.165. The authority shall conduct
19 the investigation in accordance with ORS 676.175.

20 (4)(a) Unless state or federal laws relating to confidentiality or the protection of health infor-
21 mation prohibit disclosure, any health care facility licensed under ORS 441.015 to 441.087 and
22 441.820, any physician licensed under ORS 677.100 to 677.228, any owner of an ambulance licensed
23 under this chapter or any emergency medical services provider licensed under this chapter shall
24 report to the authority any information the person may have that appears to show that an emer-
25 gency medical services provider is or may be medically incompetent, guilty of unprofessional or
26 dishonorable conduct or mentally or physically unable to safely function as an emergency medical
27 services provider.

28 (b) Unless state or federal laws relating to confidentiality or the protection of health information
29 prohibit disclosure, an emergency medical services provider licensed under this chapter who has
30 reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as
31 defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150.

32 (5) If, in the opinion of the authority, it appears that the information provided to [*it*] **the au-**
33 **thority** under [*provisions of*] this section is or may be true, the authority may request an interview
34 with the emergency medical services provider. At the time the authority requests an interview, the
35 authority shall provide the emergency medical services provider with a general statement of the
36 issue or issues of concern to the authority. The request must include a statement of the procedural
37 safeguards available to the emergency medical services provider, including the right to end the
38 interview on request, the right to have counsel present and the following statement: "Any action
39 proposed by the Oregon Health Authority shall provide for a contested case hearing."

40 (6) Information regarding an [*ambulance service*] **emergency medical services agency** provided
41 to the authority pursuant to this section is confidential and is not subject to public disclosure or
42 admissible as evidence in any judicial proceeding. Information that the authority obtains as part of
43 an investigation into the conduct of an emergency medical services provider or applicant or as part
44 of a contested case proceeding, consent order or stipulated agreement involving the conduct of an
45 emergency medical services provider or applicant is confidential as provided under ORS 676.175.

1 Information regarding an [*ambulance service*] **emergency medical services agency** does not become
 2 confidential due to its use in a disciplinary proceeding against an emergency medical services pro-
 3 vider.

4 (7) A person who reports or provides information to the authority under this section and who
 5 provides information in good faith is not subject to an action for civil damage as a result thereof.

6 (8) In conducting an investigation under subsection (3) of this section, the authority may:

7 (a) Take evidence;

8 (b) Take depositions of witnesses, including the person under investigation, in the manner pro-
 9 vided by law in civil cases;

10 (c) Compel the appearance of witnesses, including the person under investigation, in the manner
 11 provided by law in civil cases;

12 (d) Require answers to interrogatories; and

13 (e) Compel the production of books, papers, accounts, documents and testimony pertaining to the
 14 matter under investigation.

15 (9) The authority may issue subpoenas to compel compliance with the provisions of subsection
 16 (8) of this section. If any person fails to comply with a subpoena issued under this subsection, or
 17 refuses to testify on matters on which the person may lawfully be interrogated, a court may compel
 18 obedience as provided in ORS 183.440.

19 **SECTION 80.** ORS 682.224 is amended to read:

20 682.224. (1) The Oregon Health Authority may discipline, as provided in this section, an [*ambu-*
 21 *lance service*] **emergency medical services agency** or an emergency medical services provider
 22 [*who*] **that** has:

23 (a) Admitted the facts of a complaint that alleges facts that establish that the emergency med-
 24 ical services provider is guilty of one or more of the grounds for suspension or revocation of a li-
 25 cense as set forth in ORS 682.220 or that an [*ambulance service*] **emergency medical services**
 26 **agency** has violated the provisions of this chapter or the rules adopted [*thereunder*] **under this**
 27 **chapter**.

28 (b) Been found guilty in accordance with ORS chapter 183 of one or more of the grounds for
 29 suspension or revocation of a license as set forth in ORS 682.220 or that an [*ambulance service*]
 30 **emergency medical services agency** has violated the provisions of this chapter or the rules
 31 adopted [*thereunder*] **under this chapter**.

32 (2) The purpose of disciplining an emergency medical services provider under this section is to
 33 ensure that the emergency medical services provider will provide services that are consistent with
 34 the obligations of this chapter. Prior to taking final disciplinary action, the authority shall deter-
 35 mine if the emergency medical services provider has been disciplined for the questioned conduct by
 36 the emergency medical services provider's employer or [*supervising physician*] **EMS medical direc-**
 37 **tor**. The authority shall consider any such discipline or any other corrective action in deciding
 38 whether additional discipline or corrective action by the authority is appropriate.

39 (3) In disciplining an emergency medical services provider or [*ambulance service*] **emergency**
 40 **medical services agency** as authorized by subsection (1) of this section, the authority may use any
 41 or all of the following methods:

42 (a) Suspend judgment.

43 (b) Issue a letter of reprimand.

44 (c) Issue a letter of instruction.

45 (d) Place the emergency medical services provider or [*ambulance service*] **emergency medical**

1 **services agency** on probation.

2 (e) Suspend the license of the emergency medical services provider or [*ambulance service*]
3 **emergency medical services agency**.

4 (f) Revoke the license of the emergency medical services provider or [*ambulance service*] **emer-**
5 **gency medical services agency**.

6 (g) Place limitations on the license of the emergency medical services provider or [*ambulance*
7 *service*] **emergency medical services agency**.

8 (h) Take [*such*] other disciplinary action as the authority in its discretion finds proper, including
9 assessment of the costs of the disciplinary proceedings as a civil penalty or assessment of a civil
10 penalty not to exceed \$5,000, or both.

11 (4) In addition to the action authorized by subsection (3) of this section, the authority may
12 temporarily suspend a license without a hearing, simultaneously with the commencement of pro-
13 ceedings under ORS chapter 183 if the authority finds that evidence in its possession indicates that
14 a continuation in practice of the emergency medical services provider or operation of the [*ambulance*
15 *service*] **emergency medical services agency** constitutes an immediate danger to the public.

16 (5) If the authority places any emergency medical services provider or [*ambulance service*]
17 **emergency medical services agency** on probation [*as set forth in*] **pursuant to** subsection (3)(d)
18 of this section, the authority may determine, and may at any time modify, the conditions of the
19 probation and may include among them any reasonable condition for the purpose of protection of
20 the public and for the purpose of the rehabilitation of the emergency medical services provider or
21 [*ambulance service*] **emergency medical services agency**, or both. Upon expiration of the term of
22 probation, further proceedings shall be abated if the emergency medical services provider or [*am-*
23 *bulance service*] **emergency medical services agency** has complied with the terms of the probation.

24 (6)(a) If an emergency medical services provider's license is suspended, the emergency medical
25 services provider may not practice during the term of suspension.

26 (b) If an [*ambulance service*] **emergency medical services agency** licensed in this state is sus-
27 pended, the [*ambulance service*] **emergency medical services agency** may not operate in this state
28 during the term of the suspension, provided that the authority shall condition [*such*] **the** suspension
29 upon [*such*] **any** arrangements as may be necessary to ensure the continued availability of ambu-
30 lance service in the area served by that [*ambulance service*] **emergency medical services agency**.

31 (c) Upon expiration of the term of suspension, the **authority shall reinstate the** license [*shall*
32 *be reinstated by the authority*] if the conditions for which the license was suspended no longer exist.

33 (7) Whenever an emergency medical services provider or [*ambulance service*] **emergency med-**
34 **ical services agency** license is denied or revoked for any cause, the authority may, in its discretion,
35 after the lapse of two years from the date of the denial or revocation, upon written application by
36 the person formerly licensed and after a hearing, issue or restore the emergency medical services
37 provider or [*ambulance service*] **emergency medical services agency** license.

38 (8) Civil penalties under this section shall be imposed as provided in ORS 183.745.

39 **SECTION 81.** ORS 682.245 is amended to read:

40 682.245. (1) The Oregon Medical Board shall adopt by rule a scope of practice for each level of
41 emergency medical services provider established by the Oregon Health Authority pursuant to ORS
42 682.017.

43 (2) The board shall adopt by rule standards for the qualifications and responsibilities of [*super-*
44 *vising physicians*] **EMS medical directors**.

45 (3) The standing orders for emergency medical services providers may not exceed the scope of

1 practice defined by the board.

2 (4) An emergency medical services provider may not provide patient care or treatment without
 3 written authorization and standing orders from [*a supervising physician who has been approved*] **an**
 4 **EMS medical director who meets the standards established** by the board.

5 (5) The policies and procedures for applying and enforcing this section may be delegated in
 6 whole or in part to the authority.

7 **SECTION 82. ORS 682.027 and 682.039 are repealed.**

8 **SECTION 83. (1) The amendments to ORS 682.017, 682.025, 682.031, 682.035, 682.041,**
 9 **682.045, 682.047, 682.051, 682.056, 682.059, 682.062, 682.063, 682.066, 682.068, 682.075, 682.079,**
 10 **682.085, 682.089, 682.105, 682.107, 682.204, 682.208, 682.216, 682.218, 682.220, 682.224 and 682.245**
 11 **by sections 49, 51, 53, 55 to 60, 62, 64 to 72 and 74 to 81 of this 2021 Act and the repeal of ORS**
 12 **682.027 and 682.039 by section 82 of this 2021 Act become operative on January 1, 2022.**

13 (2) The amendments to ORS 682.017, 682.025, 682.031, 682.056, 682.059 and 682.105 by
 14 sections 50, 52, 54, 61, 63 and 73 of this 2021 Act become operative on January 1, 2025.

15 (3) The Oregon Health Authority and the Oregon Medical Board may take any action
 16 before the operative date specified in subsection (1) of this section that is necessary to enable
 17 the authority and the board to exercise, on and after the operative date specified in sub-
 18 section (1) of this section, all of the duties, functions and powers conferred on the authority
 19 and the board by the amendments to ORS 682.017, 682.025, 682.031, 682.035, 682.041, 682.045,
 20 682.047, 682.051, 682.056, 682.059, 682.062, 682.063, 682.066, 682.068, 682.075, 682.079, 682.085,
 21 682.089, 682.105, 682.107, 682.204, 682.208, 682.216, 682.218, 682.220, 682.224 and 682.245 by
 22 sections 49, 51, 53, 55 to 60, 62, 64 to 72 and 74 to 81 of this 2021 Act and the repeal of ORS
 23 682.027 and 682.039 by section 82 of this 2021 Act.

24
 25 **CONFORMING AMENDMENTS**

26
 27 **SECTION 84.** ORS 146.015 is amended to read:

28 146.015. (1) There is hereby established the State Medical Examiner Advisory Board.

29 (2) The board shall make policies for the administration of ORS 146.003 to 146.189 and the De-
 30 partment of State Police shall adopt rules to effectuate the policies.

31 (3) The board shall recommend the name or names of pathologists to the Superintendent of State
 32 Police from which the superintendent shall appoint the Chief Medical Examiner.

33 (4) The board consists of 11 members appointed by the Governor who are:

34 (a) The Chair of the Department of Pathology of the Oregon Health and Science University, who
 35 is the chairperson of the board;

36 (b) The State Health Officer;

37 (c) A sheriff;

38 (d) A trauma physician recommended by the [*State Trauma Advisory Board*] **Emergency Health**
 39 **Care System Advisory Board;**

40 (e) A pathologist;

41 (f) A district attorney;

42 (g) A funeral service practitioner and embalmer licensed by the State Mortuary and Cemetery
 43 Board;

44 (h) A chief of police;

45 (i) A member of the defense bar;

1 (j) A member of the public at large; and

2 (k) A member of one of the federally recognized Oregon Indian tribes.

3 (5) The members described in subsection (4)(a) and (b) of this section may serve as long as they
 4 hold their respective positions. The term of office of each member described in subsection (4)(c), (f)
 5 and (h) of this section is for four years, except that the position becomes vacant if the member
 6 ceases to be a sheriff, district attorney or chief of police, respectively. The terms of office of the
 7 other members of the State Medical Examiner Advisory Board are for four years.

8 (6) A member of the board is entitled to compensation and expenses as provided in ORS 292.495.

9 (7) The board shall meet annually at a time and place determined by the chairperson. The
 10 chairperson or any four members of the board may call a special meeting upon not less than one
 11 week's notice to the members of the board.

12 (8) Six members of the board constitute a quorum.

13 **SECTION 85.** ORS 181A.375 is amended to read:

14 181A.375. (1) The Board on Public Safety Standards and Training shall establish the following
 15 policy committees:

16 (a) Corrections Policy Committee;

17 (b) Fire Policy Committee;

18 (c) Police Policy Committee;

19 (d) Telecommunications Policy Committee; and

20 (e) Private Security Policy Committee.

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

25 (3) The Corrections Policy Committee consists of:

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

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

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

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

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

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

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

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

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

39 (F) Two nonmanagement corrections officers; and

40 (G) One person representing the public who:

41 (i) Has never been employed or utilized as a corrections officer or as a parole and probation
 42 officer; and

43 (ii) Is not related within the second degree by affinity or consanguinity to a person who is em-
 44 ployed or utilized as a corrections officer or parole and probation officer.

45 (4) The Fire Policy Committee consists of:

- 1 (a) All of the board members who represent the fire service discipline; and
 2 (b) The following, who may not be current board members, appointed by the chairperson of the
 3 board:
- 4 (A) One person recommended by and representing a statewide association of fire instructors;
 5 (B) One person recommended by and representing a statewide association of fire marshals;
 6 (C) One person recommended by and representing community college fire programs;
 7 (D) One nonmanagement firefighter recommended by a statewide organization of firefighters;
 8 (E) One person representing the forest protection agencies and recommended by the State
 9 Forestry Department; and
- 10 (F) One person representing the public who:
 11 (i) Has never been employed or utilized as a fire service professional; and
 12 (ii) Is not related within the second degree by affinity or consanguinity to a person who is em-
 13 ployed or utilized as a fire service professional.
- 14 (5) The Police Policy Committee consists of:
 15 (a) All of the board members who represent the law enforcement discipline; and
 16 (b) The following, who may not be current board members, appointed by the chairperson of the
 17 board:
- 18 (A) One person recommended by and representing the Oregon Association Chiefs of Police;
 19 (B) Two persons recommended by and representing the Oregon State Sheriffs' Association;
 20 (C) One command officer recommended by and representing the Oregon State Police;
 21 (D) Three nonmanagement law enforcement officers; and
 22 (E) One person representing the public who:
 23 (i) Has never been employed or utilized as a police officer, certified reserve officer, reserve of-
 24 ficer or regulatory specialist; and
 25 (ii) Is not related within the second degree by affinity or consanguinity to a person who is em-
 26 ployed or utilized as a police officer, certified reserve officer, reserve officer or regulatory specialist.
- 27 (6) The Telecommunications Policy Committee consists of:
 28 (a) All of the board members who represent the telecommunications discipline; and
 29 (b) The following, who may not be current board members, appointed by the chairperson of the
 30 board:
- 31 (A) Two persons recommended by and representing a statewide association of public safety
 32 communications officers;
 33 (B) One person recommended by and representing the Oregon Association Chiefs of Police;
 34 (C) One person recommended by and representing the Oregon State Police;
 35 (D) Two persons representing telecommunicators;
 36 (E) One person recommended by and representing the Oregon State Sheriffs' Association;
 37 (F) One person recommended by and representing the Oregon Fire Chiefs Association;
 38 (G) One person recommended by and representing the [*Emergency Medical Services and Trauma*
 39 *Systems Program*] **Emergency Health Care Systems Program** of the Oregon Health Authority;
 40 (H) One person representing emergency medical services providers and recommended by a
 41 statewide association dealing with fire medical issues; and
 42 (I) One person representing the public who:
 43 (i) Has never been employed or utilized as a telecommunicator or an emergency medical dis-
 44 patcher; and
 45 (ii) Is not related within the second degree by affinity or consanguinity to a person who is em-

1 employed or utilized as a telecommunicator or an emergency medical dispatcher.

2 (7) The Private Security Policy Committee consists of:

3 (a) All of the board members who represent the private security industry; and

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

6 (A) One person representing unarmed private security professionals;

7 (B) One person representing armed private security professionals;

8 (C) One person representing the health care industry;

9 (D) One person representing the manufacturing industry;

10 (E) One person representing the retail industry;

11 (F) One person representing the hospitality industry;

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

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

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

17 (J) One person representing the public who:

18 (i) Has never been employed or utilized as a private security provider, as defined in ORS
19 181A.840, or an investigator, as defined in ORS 703.401; and

20 (ii) Is not related within the second degree by affinity or consanguinity to a person who is em-
21 ployed or utilized as a private security provider, as defined in ORS 181A.840, or an investigator, as
22 defined in ORS 703.401.

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

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

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

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

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

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

43 (b) The board may defer a decision and return a matter submitted by a policy committee under
44 paragraph (a) of this subsection only once. If a policy, requirement, standard or rule that was re-
45 turned to a policy committee is resubmitted to the board, the board shall take all actions necessary

1 to implement the policy, requirement, standard or rule unless the board disapproves the policy, re-
2 quirement, standard or rule.

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

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

7 **SECTION 86.** ORS 353.450 is amended to read:

8 353.450. (1) It is the finding of the Legislative Assembly that there is need to provide programs
9 that will assist a rural community to recruit and retain physicians, physician assistants and nurse
10 practitioners. For that purpose:

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

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

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

21 (2) With the moneys transferred to the Area Health Education Center program by ORS 442.870,
22 the program shall:

23 (a) Establish educational opportunities for emergency medical services providers in rural coun-
24 ties;

25 (b) Contract with educational facilities qualified to conduct emergency medical training pro-
26 grams using a curriculum approved by the [*Emergency Medical Services and Trauma Systems Pro-*
27 *gram*] **Emergency Health Care Systems Program**; and

28 (c) Review requests for training funds with input from the [*State Emergency Medical Service*
29 *Committee*] **Emergency Medical Services Advisory Committee** and other individuals with exper-
30 tise in emergency medical services.

31 **SECTION 87.** ORS 442.507 is amended to read:

32 442.507. (1) With the moneys transferred to the Office of Rural Health by ORS 442.870, the office
33 shall establish a dedicated grant program for the purpose of providing assistance to rural commu-
34 nities to enhance emergency medical service systems.

35 (2) Communities, as well as nonprofit or governmental agencies serving those communities, may
36 apply to the office for grants on forms developed by the office.

37 (3) The office shall make the final decision concerning which entities receive grants, but the
38 office may seek advice from the Rural Health Coordinating Council, the [*State Emergency Medical*
39 *Service Committee*] **Emergency Medical Services Advisory Committee** and other appropriate in-
40 dividuals experienced with emergency medical services.

41 (4) The office may make grants to entities for the purchase of equipment, the establishment of
42 new rural emergency medical service systems or the improvement of existing rural emergency med-
43 ical service systems.

44 (5) With the exception of printing and mailing expenses associated with the grant program, the
45 Office of Rural Health shall pay for administrative costs of the program with funds other than those

1 transferred under ORS 442.870.

2 **SECTION 88.** ORS 442.870 is amended to read:

3 442.870. (1) The Emergency Medical Services Enhancement Account is established separate and
4 distinct from the General Fund. Interest earned on moneys in the account shall accrue to the ac-
5 count. All moneys deposited in the account are continuously appropriated to the Department of
6 Revenue for the purposes of this section.

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

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

12 (b) 25 percent of the moneys in the account shall be transferred to the [*Emergency Medical*
13 *Services and Trauma Systems Program established under ORS 431A.085*] **Emergency Health Care**
14 **Systems Program established under section 3 of this 2021 Act.**

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

17 (d) 5 percent of the moneys in the account shall be transferred to the Oregon Poison Center
18 referred to in ORS 431A.313.

19 **SECTION 89.** ORS 445.030 is amended to read:

20 445.030. (1) There is created a fund to be known as the Motor Vehicle Accident Fund, to be held
21 and deposited by the State Treasurer in such banks as are authorized to receive deposits of the
22 General Fund.

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

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

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

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

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

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

32 (e) Expenses incurred by the authority in the administration of the [*Emergency Medical Services*
33 *and Trauma Systems Program created pursuant to ORS 431A.085*] **Emergency Health Care Sys-**
34 **tems Program established under section 3 of this 2021 Act.** The total amount of all payments
35 from the fund for purposes of this paragraph shall be equal to \$891,450 each biennium.

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

38 **SECTION 90.** ORS 478.260 is amended to read:

39 478.260. (1) The district board shall select a fire chief qualified by actual experience as a fire-
40 fighter and fire precautionist, or otherwise, and assistants, volunteer or otherwise, and fix their
41 compensation. The fire chief shall be responsible for the equipment and properties of the district.
42 Under the direction of the board, the fire chief shall be responsible for the conduct of the fire de-
43 partment.

44 (2) The board, with advice and counsel of the fire chief, shall select the location of the fire house
45 or houses or headquarters of the fire department of the district. Such sites shall be chosen with a

1 view to the best service to the residents and properties of the whole district and may be acquired
 2 by purchase or exercise of the powers of eminent domain in the manner provided by ORS chapter
 3 35. The board may purchase apparatus and equipment as needed by the district, and provide a water
 4 system, ponds or reservoirs for the storage of water for fire-fighting purposes. Or the board may
 5 contract with water companies or districts, or both, for water service and facilities at a rate of
 6 compensation mutually agreed upon. The board also may divide the district into zones or subdi-
 7 visions and provide an adequate system or code of fire alarms or signals by telephone, bell, whistle,
 8 siren or other means of communication.

9 (3) A district may operate or acquire and operate, or contract for the operation of, emergency
 10 medical service equipment and vehicles both within and without the boundaries of the district. A
 11 district may conduct ambulance operations only in conformance with a county plan adopted under
 12 ORS 682.062 for [*ambulance services*] **patient care services** and ambulance service areas and with
 13 rules of the Oregon Health Authority relating to [*such services*] **patient care services** and **ambu-**
 14 **lance** service areas. Service authorized under a county plan includes authorization for a district
 15 to provide [*ambulance services*] **patient care services** by intergovernmental agreement with any
 16 other unit of local government designated by the plan to provide [*ambulance services*] **patient care**
 17 **services**.

18 (4) As used in this section, [*“ambulance services”*] **“patient care”** has the meaning given that
 19 term in ORS [682.027] **682.025**.

20 **SECTION 91.** ORS 441.020 is amended to read:

21 441.020. (1) Licenses for health care facilities, except long term care facilities as defined in ORS
 22 442.015, must be obtained from the Oregon Health Authority.

23 (2) Licenses for long term care facilities must be obtained from the Department of Human Ser-
 24 vices.

25 (3) Applications shall be upon such forms and shall contain such information as the authority
 26 or the department may reasonably require, which may include affirmative evidence of ability to
 27 comply with such reasonable standards and rules as may lawfully be prescribed under ORS 441.025.

28 (4)(a) Each application submitted to the Oregon Health Authority must be accompanied by the
 29 license fee. If the license is denied, the fee shall be refunded to the applicant. If the license is issued,
 30 the fee shall be paid into the State Treasury to the credit of the Oregon Health Authority Fund for
 31 the purpose of carrying out the functions of the Oregon Health Authority under ORS 441.015 to
 32 441.087; or

33 (b) Each application submitted to the Department of Human Services must be accompanied by
 34 the application fee or the annual renewal fee, as applicable. If the license is denied, the fee shall
 35 be refunded to the applicant. If the license is issued, the fee shall be paid into the State Treasury
 36 to the credit of the Department of Human Services Account for the purpose of carrying out the
 37 functions of the Department of Human Services under ORS [431A.050 to 431A.080 and] 441.015 to
 38 441.087.

39 (5) Except as otherwise provided in subsection (8) of this section, for hospitals with:

40 (a) Fewer than 26 beds, the annual license fee shall be \$1,250.

41 (b) Twenty-six beds or more but fewer than 50 beds, the annual license fee shall be \$1,850.

42 (c) Fifty or more beds but fewer than 100 beds, the annual license fee shall be \$3,800.

43 (d) One hundred beds or more but fewer than 200 beds, the annual license fee shall be \$6,525.

44 (e) Two hundred or more beds, but fewer than 500 beds, the annual license fee shall be \$8,500.

45 (f) Five hundred or more beds, the annual license fee shall be \$12,070.

1 (6) A hospital shall pay an annual fee of \$750 for each hospital satellite indorsed under its li-
 2 cense.

3 (7) The authority may charge a reduced hospital fee or hospital satellite fee if the authority
 4 determines that charging the standard fee constitutes a significant financial burden to the facility.

5 (8) For long term care facilities with:

6 (a) One to 15 beds, the application fee shall be \$2,000 and the annual renewal fee shall be \$1,000.

7 (b) Sixteen to 49 beds, the application fee shall be \$3,000 and the annual renewal fee shall be
 8 \$1,500.

9 (c) Fifty to 99 beds, the application fee shall be \$4,000 and the annual renewal fee shall be
 10 \$2,000.

11 (d) One hundred to 150 beds, the application fee shall be \$5,000 and the annual renewal fee shall
 12 be \$2,500.

13 (e) More than 150 beds, the application fee shall be \$6,000 and the annual renewal fee shall be
 14 \$3,000.

15 (9) For ambulatory surgical centers, the annual license fee shall be:

16 (a) \$1,750 for certified and high complexity noncertified ambulatory surgical centers with more
 17 than two procedure rooms.

18 (b) \$1,250 for certified and high complexity noncertified ambulatory surgical centers with no
 19 more than two procedure rooms.

20 (c) \$1,000 for moderate complexity noncertified ambulatory surgical centers.

21 (10) For birthing centers, the annual license fee shall be \$750.

22 (11) For outpatient renal dialysis facilities, the annual license fee shall be \$2,000.

23 (12) The authority shall prescribe by rule the fee for licensing an extended stay center, not to
 24 exceed:

25 (a) An application fee of \$25,000; and

26 (b) An annual renewal fee of \$5,000.

27 (13) During the time the licenses remain in force, holders are not required to pay inspection fees
 28 to any county, city or other municipality.

29 (14) Any health care facility license may be indorsed to permit operation at more than one lo-
 30 cation. If so, the applicable license fee shall be the sum of the license fees that would be applicable
 31 if each location were separately licensed. The authority may include hospital satellites on a
 32 hospital's license in accordance with rules adopted by the authority.

33 (15) Licenses for health maintenance organizations shall be obtained from the Director of the
 34 Department of Consumer and Business Services pursuant to ORS 731.072.

35 (16) Notwithstanding subsection (4) of this section, all moneys received for approved applications
 36 pursuant to subsection (8) of this section shall be deposited in the Quality Care Fund established in
 37 ORS 443.001.

38 (17) As used in this section:

39 (a) "Hospital satellite" has the meaning prescribed by the authority by rule.

40 (b) "Procedure room" means a room where surgery or invasive procedures are performed.

41 **SECTION 92. (1) The amendments to ORS 146.015, 181A.375, 353.450, 442.507, 442.870,**
 42 **445.030 and 478.260 by sections 84 to 90 of this 2021 Act become operative on January 1, 2022.**

43 **(2) The amendments to ORS 441.020 by section 91 of this 2021 Act become operative on**
 44 **January 1, 2025.**

45 **(3) The Board on Public Safety Standards and Training, the Department of Human Ser-**

1 vices, the Department of Revenue, the Governor, the Office of Rural Health, Oregon Health
2 and Science University, the State Medical Examiner Advisory Board and the Oregon Health
3 Authority may take any action before the operative date specified in subsection (1) of this
4 section that is necessary to enable the boards, the departments, the Governor, the office, the
5 university, the center and the authority to exercise, on or after the operative date specified
6 in subsection (1) of this section, all of the duties, functions and powers conferred on the
7 boards, the departments, the Governor, the office, the university, the center and the au-
8 thority by the amendments to ORS 146.015, 181A.375, 353.450, 442.507, 442.870, 445.030 and
9 478.260 by sections 84 to 90 of this 2021 Act.

10
11 **CAPTIONS**

12
13 **SECTION 93.** The unit captions used in this 2021 Act are provided only for the conven-
14 ience of the reader and do not become part of the statutory law of this state or express any
15 legislative intent in the enactment of this 2021 Act.

16
17 **EFFECTIVE DATE**

18
19 **SECTION 94.** This 2021 Act takes effect on the 91st day after the date on which the 2021
20 regular session of the Eighty-first Legislative Assembly adjourns sine die.

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