A stylized map of a region, likely a mountainous area, with green and brown terrain and blue rivers. The map is positioned on the right side of the slide, with the text on the left.

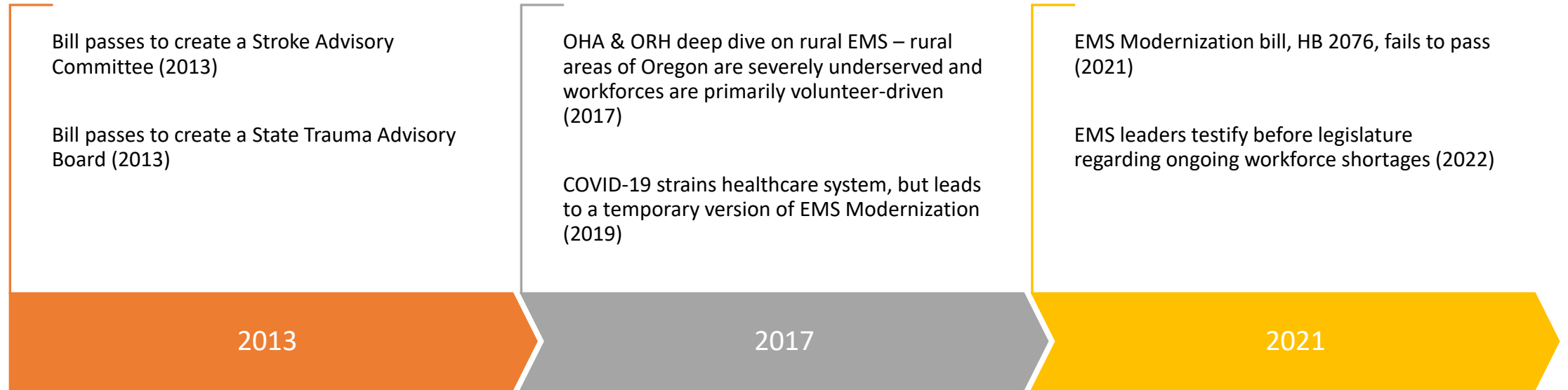
Emergency Medical Services (EMS) Modernization

2024 Legislative Concept

Recent History of EMS in Oregon



Recent History of EMS in Oregon



EMS Modernization Workgroup



- Interviews began in June '23, first table convened in September.
- 40+ organizations and 70+ individual stakeholders
- Objective is to develop policy for EMS Modernization, which will pass in two parts over the '24 and '25 legislative sessions

Defining the Problem

Oregon EMS is currently operating as a patchwork of many different, isolated systems. The result is:

- Inefficiencies in patient care
- Inability to measure and compare
- Limited accountability for poor patient outcomes
- Lack of coherent top-down view of Oregon EMS
- Limited feedback loops on how to improve
- No cohesive ecosystem for supporting EMS
- No mechanism for disaster response

Policy Framework

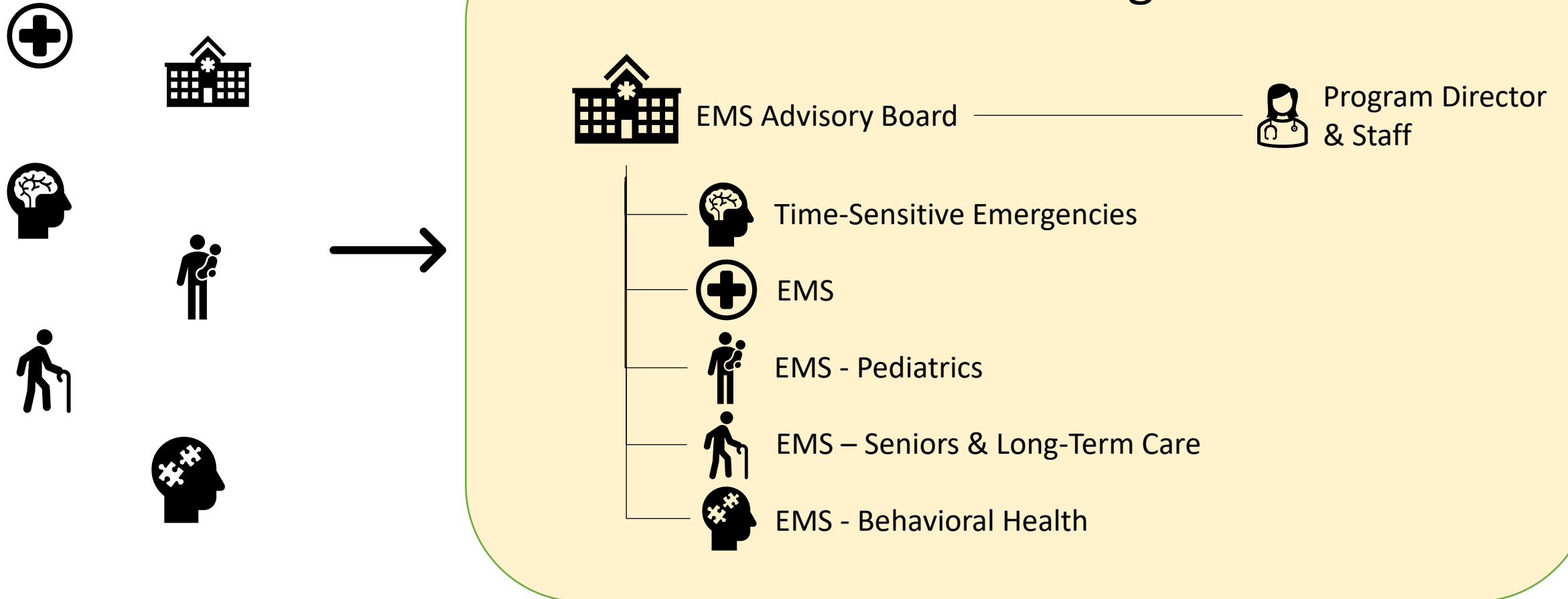
PART I (2024)

- Statewide quality standards with regional plans of implementation
- Integrated EMS Data Systems
- Coordinated communication network and protocols
- Regulatory mechanism for accountability

PART II (2025)

- Analysis of workforce needs with programs to support
- Long-term funding mechanisms
- Add-On: EMS Mobilization plan

Reorganize State EMS Governance Structure



Board & Committee Composition

Advisory Board

- 19 EMS stakeholders and working professionals
 - EMS Medical Director
 - Health Equity Professional or Academic
 - Private EMS Agency
 - Public EMS Agency
 - Non-Transport EMS Agency
 - Rural EMS Agency
 - EMS Labor Union
 - County ASA Administrator
 - Special District Ambulances
 - Rural Hospital
 - Hospital Administrator for ED
 - Nurse Manager in ED
 - Public Safety Answering Point
 - Emergency Medicine Physician
 - EMS Physician
 - Long-Term/Senior Care Representative
 - Third-Party Healthcare Insurance Payer
 - Citizen Healthcare Advocacy Group
 - Public Citizen

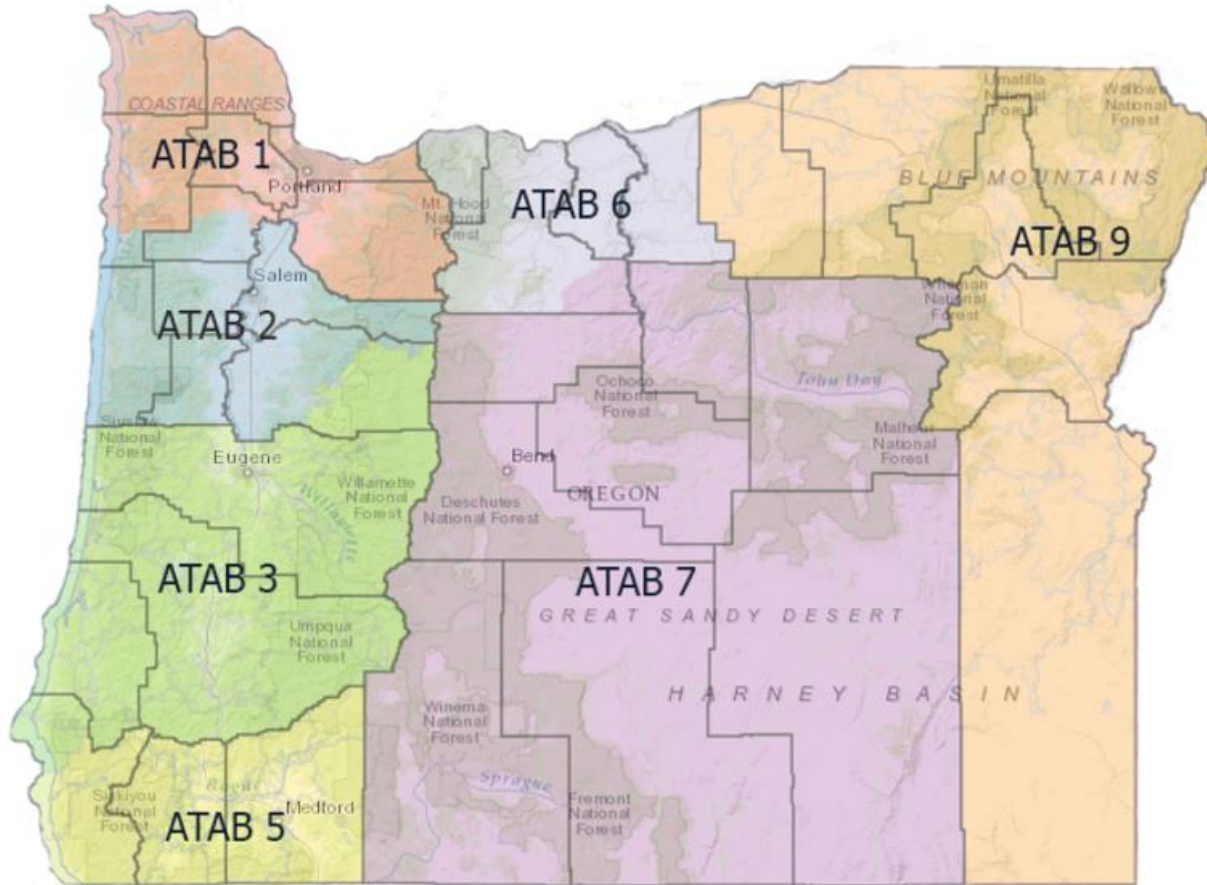
Committees

- EMS Clinician
- Physician specializing in Emergency Medicine or EMS
- TSE Committee: Specialty physician presence
- Subject Matter Experts as desired

No intended impact to existing committee or board schedules and resources.

- i.e. Current quarterly committee meetings focused exclusively on Trauma will continue

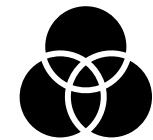
Trauma Regions -> EMS Regions



EMS Advisory
Boards



Local TSE
Initiatives



Local Preparedness

Adopt Data-Driven National Standards



Incentivize, Don't Punish (Regulations)



All NEW state EMS programs/grants in Oregon are administered by the State EMS Program.



Access is granted based on adoption (or coming into adoption) with approved regional plans.

Timeline

| | |
|--------------------|---|
| JAN 1, 2025 | The rule-making process begins, and the program's boards are populated |
| JAN 1, 2026 | Advisory Board, subcommittees, and EMS Regions can meet for the first time to begin their public deliberation process. EMS Regions have one year from adoption of new standards to present those standards in their regional plan. |
| JAN 1, 2027 | Earliest date that EMS Regions can be requested to present new regional plans. Implementation timeline for local authorities and organizations is based on this date, even if a regional plan is adopted earlier: <ul style="list-style-type: none">•18 months for large healthcare facilities, hospitals and EMS agencies•3 years for rural healthcare facilities and hospitals |
| JUN 1, 2028 | Earliest date that large healthcare facilities, hospitals, and EMS agencies are requested to be in compliance with requirements of regional plans. An additional 6 month window is given for reaching compliance with the usage of any newly adopted data systems. |
| JAN 1, 2029 | Earliest date that large healthcare facilities, hospitals, and EMS agencies should be in compliance with the usage of any newly adopted data system. |
| JAN 1, 2030 | Earliest date that rural healthcare facilities and hospitals are requested to be in compliance with requirements of regional plans. An additional 6 month window is given for reaching compliance with the usage of any newly adopted data systems. |
| JUN 1, 2030 | Earliest date that rural healthcare facilities and hospitals should be in compliance with the usage of any newly adopted data systems. |

Thank you for listening!

Questions? Contact us!

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