HB 4081-2
(LC 15)
2/5/24 (SCT/ps)

Requested by Representative GRAYBER

PROPOSED AMENDMENTS TO
HOUSE BILL 4081

On page 3 of the printed bill, delete line 32 and insert:

"(k) One must be a nurse who works in a hospital emergency department;".

Delete lines 36 and 37 and insert:

"(n) One must be a person who works in a long term care facility, as defined in ORS 442.015, or who represents long term care facilities, or who works in a residential facility, as defined in ORS 443.400, or who represents residential facilities;".

Delete lines 42 and 43 and insert:

"(r) One must be a representative of a rural hospital, or a hospital system that includes a rural hospital, as defined in ORS 442.470; and".

On page 4, delete lines 2 and 3 and insert:

"(b) The member described in subsection (1)(k) of this section must be licensed under ORS 678.010 to 678.410 and in good standing.".

In line 23, delete "emergency medical services" and insert "time-sensitive medical emergencies, pediatric medical emergencies and behavioral health medical emergencies".

In line 34, after "services" insert "in order to inform and make recommendations to the board".

In line 36, after "committees" insert "that shall inform and make recommendations to the board, in addition to other specified duties".

Delete line 45 and insert:

"SECTION 6. (1) The Time-Sensitive Medical Emergencies Advisory Committee is established in the Emergency Medical Services Advisory Board. The committee shall consist of members determined by the board and the Oregon Health Authority and must include at least:

"(a) One member who is a physician who practices general surgery and specializes in the treatment of trauma patients;

"(b) One member who is a physician who practices neurology and specializes in the treatment of stroke patients;

"(c) One member who is a physician who practices cardiology and manages acute cardiac conditions;

"(d) One member who is a physician who practices critical care medicine;

"(e) One member who is a physician who practices emergency medicine;

"(f) One member who is a physician who practices emergency medical services medicine;

"(g) One member who is a physician who practices in neurological surgery and neurocritical care and manages both trauma and stroke patients;

"(h) One member who is an emergency medical services provider licensed under ORS 682.216; and

"(i) One member who represents a patient equity organization or is an academic professional specializing in health equity.

"(2)(a) The committee shall provide advice and recommendations to the board regarding systems of care related to time-sensitive medical emergencies, including at least cardiac, stroke, airway, sepsis and trauma emergencies. The commission shall also consider other time-sensitive emergencies including but not limited to sepsis, infectious diseases, pandemics, active seizures and severe respiratory emergen-

cies.

"(b) The committee shall provide recommendations to the board on:

"(A) The regionalization and improvement of care for time-sensitive medical emergencies.

"(B) The designation, using nationally recognized classifications where possible, of emergency medical services centers for the provision of care for time-sensitive medical emergencies. If no nationally recognized classifications exist, the committee shall undertake a public deliberation process to establish classifications and submit the established classifications to the board for approval. In establishing and approving classifications, the committee and the board shall prioritize patient care.

"(3) The committee shall:

"(a) Advise the board with respect to the board's duties related to care for cardiac, stroke, trauma and other identified time-sensitive emergencies;

"(b) Advise the board on potential rules that the board may recommend to the authority for adoption related to care for cardiac, stroke, trauma and other identified time-sensitive emergencies;

"(c) Analyze data related to care for cardiac, stroke, trauma and other identified time-sensitive emergencies;

"(d) Recommend to the board improvements to the Emergency Medical Services Program regarding care for cardiac, stroke, trauma and other identified time-sensitive emergencies; and

"(e) Identify inequities in the provision of care and provide recommendations to the board and program to resolve the identified inequities.

"(4) The members of the committee who are physicians must be physicians licensed under ORS chapter 677.

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

section, including rules to adopt the nationally recognized classifications described in subsection (2) of this section.

"SECTION 7. (1) The Emergency Medical Services Advisory Committee is established in the Emergency Medical Services Advisory Board. The committee shall consist of members determined by the board and the Oregon Health Authority and must include at least:

"(a) One member who is a physician licensed under ORS chapter 677 who practices emergency medicine or emergency medical services medicine;

"(b) One member who is an emergency medical services provider licensed under ORS 682.216; and

"(c) One member who represents a patient equity organization or is an academic professional specializing in health equity.

"(2) The committee shall provide advice and recommendations to the board regarding emergency medical services, for the care of time-sensitive medical emergencies, pediatric medical emergencies and behavioral health medical emergencies, including 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, using nationally recognized classifications where possible, of emergency medical services centers for the provision of care for medical emergencies. If no nationally recognized classifications exist, the committee shall undertake a public deliberation process to establish classifications and submit the established classifications to the board for approval. In establishing and approving classifications, the committee and the board shall prioritize patient care.

"(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 services providers. The subcommittee shall advise the board on potential rules that the board may recommend to the authority for adoption under this section.

"(4) The committee may:

"(a) Assist the Time-Sensitive Medical Emergencies Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee and the Behavioral Health Emergency Medical Services Advisory Committee in coordination and planning efforts; and

"(b) Provide other assistance to the board as the board requests.

"(5) The authority may adopt rules as necessary to carry out this section, including rules to adopt the nationally recognized classifications described in subsection (2) of this section.

"SECTION 8. (1) The Pediatric Emergency Medical Services Advisory Committee is established in the Emergency Medical Services Advisory Board. The committee shall consist of members determined by the board and the Oregon Health Authority and must include at least:

"(a) Two members who are physicians specializing in the treatment of pediatric emergency patients;

"(b) One member who is a nurse who has pediatric emergency experience;

"(c) One member who is a physician with pediatric training;

"(d) One member who is an emergency medical services provider licensed under ORS 682.216;

"(e) One member who is a representative of the Emergency Medical Services Program;

"(f) One member who has experience as the project director of a statewide committee related to emergency medical services for children;

"(g) One member who has experience as the program manager of a statewide committee related to emergency medical services for children;

"(h) One member who is a family representative; and

"(i) One member who represents a patient equity organization or is an academic professional specializing in health equity.

"(2) The committee shall provide advice and recommendations to the board regarding pediatric medical emergencies, including the following objectives:

"(a) The integration of pediatric emergency medical services into the Emergency Medical Services Program;

"(b) The regionalization and improvement of care for time-sensitive pediatric medical emergencies; and

"(c) The designation, using nationally recognized classifications where possible, of emergency medical services centers for the provision of care for time-sensitive pediatric medical emergencies.

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

"(a) Employ or contract with professional, technical, research and clerical staff to administer a statewide program related to emergency medical services for children.

"(b) Provide technical assistance to the Emergency Medical Services Advisory Committee on the integration of pediatric emergency medical services into the Emergency Medical Services Program.

"(c) Provide technical assistance to the Time-Sensitive Medical Emergencies Advisory Committee on the regionalization of pediatric emergency medical services.

"(d) Establish guidelines for:

"(A) The voluntary categorization of emergency medical services agencies and hospital departments that meet the requirements of the

United States Health Resources and Services Administration program for pediatric readiness, as adopted by the authority by rule.

"(B) Referring pediatric patients to appropriate emergency medical services centers or critical care centers.

"(C) Necessary pediatric patient care equipment for prehospital and pediatric critical care.

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

"(E) An interfacility transfer system for critically ill or injured pediatric patients.

"(F) Continuing education programs for emergency medical services personnel, including training in the emergency care of pediatric patients across different demographics and physical demonstrations of pediatric-specific patient care equipment.

"(G) A public education program promoting pediatric emergency medical services, including information on emergency and crisis telephone numbers.

"(H) The collection and analysis of statewide pediatric prehospital, critical care and trauma care data from prehospital, critical care and trauma care facilities for the purpose of quality improvement, subject to relevant confidentiality requirements.

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

"(J) Coordination and cooperation between a statewide program for emergency medical services for children and other public and private organizations interested or involved in pediatric prehospital and crit-

ical care.

"(4)(a) The members of the committee who are physicians must be physicians licensed under ORS chapter 677 and in good standing.

"(b) The member of the committee who is a nurse must be licensed under ORS 678.010 to 678.410 and in good standing.

"(5) The authority may adopt rules as necessary to carry out this section, including rules to adopt the nationally recognized classifications described in subsection (2) of this section.

"SECTION 9. (1) The Behavioral Health Emergency Medical Services Advisory Committee is established in the Emergency Medical Services Advisory Board. The committee shall consist of members determined by the board and the Oregon Health Authority and must include at least:

"(a) Two members who are physicians specializing in the treatment of time-sensitive behavioral health medical emergencies;

"(b) One member who is a physician who practices emergency medicine or emergency medical services medicine;

"(c) One member who is an emergency medical services provider licensed under ORS 682.216; and

"(d) One member who represents a patient equity organization or is an academic professional specializing in health equity.

"(2) The committee shall provide advice and recommendations to the board regarding time-sensitive behavioral health medical emergencies, including the following objectives:

"(a) The integration of behavioral health emergency medical services into the Emergency Medical Services Program.

"(b) The regionalization and improvement of care for time-sensitive behavioral health medical emergencies.

"(c) The designation, using nationally recognized classifications where possible, of emergency medical services centers for the pro-

vision of care for time-sensitive behavioral health medical emergencies. If no nationally recognized classifications exist, the committee shall undertake a public deliberation process to establish classifications and submit the established classifications to the board for approval. In establishing and approving classifications, the committee and the board shall prioritize patient care.

"(3) With the advice of the committee, the authority shall:

"(a) Employ or contract with professional, technical, research and clerical staff to implement this section.

"(b) Provide technical assistance to the Emergency Medical Services Advisory Committee on the integration of emergency medical services for behavioral health patients into the Emergency Medical Services Program.

"(c) Provide advice and technical assistance to the Time-Sensitive Medical Emergencies Advisory Committee on the regionalization of emergency medical services for behavioral health patients.

"(d) Establish guidelines for:

"(A) The designation of specialized regional behavioral health critical care centers.

"(B) Referring behavioral health patients to appropriate emergency or critical care centers.

"(C) Necessary prehospital and other behavioral health emergency and critical care medical service equipment.

"(D) Developing a coordinated system to allow behavioral health patients to receive appropriate initial stabilization and treatment with the timely provision of, or referral to, the appropriate level of care, including critical care and behavioral health subspecialty care.

"(E) An interfacility transfer system for critically ill or injured behavioral health patients.

"(F) Continuing professional education programs for emergency

medical services personnel, including training in the emergency care of behavioral health patients across different demographics.

"(G) A public education program concerning the emergency medical services for behavioral health patients, including information on emergency access telephone numbers.

"(H) The collection and analysis of statewide behavioral health emergency and critical care medical services data from emergency and critical care medical services facilities for the purpose of quality improvement by those facilities, subject to relevant confidentiality requirements.

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

"(J) Coordination and cooperation between providers of emergency medical services for behavioral health patients and other public and private organizations interested or involved in emergency and critical care for behavioral health.

"(4) The members of the committee who are physicians must be physicians licensed under ORS chapter 677 who are in good standing.

"(5) The authority may adopt rules as necessary to carry out this section, including rules to adopt the nationally recognized classifications described in subsection (2) of this section.

"SECTION 10. (1)(a) The Emergency Medical Services Advisory Board, upon the advice of the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee and the Behavioral Health Emergency Medical Services Advisory Committee, shall determine the nationally recognized classification standards to recommend to the Oregon Health Authority to adopt as

rules for categorization and designation of emergency medical services centers for the provision of trauma, stroke, cardiac, pediatric and behavioral health care and other identified time-sensitive emergencies.

"(b) If a nationally recognized classification standard used by the authority under this subsection requires that an emergency medical services center use a specific data system or registry in order to obtain a specific categorization or designation, the authority shall require an emergency medical services center that intends to obtain the categorization or designation to adopt the data system or registry not later than:

"(A) Eighteen months after the date on which the Emergency Medical Services Advisory Board and the authority determine the data system or registry must be adopted, if the emergency medical services center is a large facility or hospital, with an additional six months in which to demonstrate compliant usage of the data system or registry.

"(B) Three years after the date on which the board and the authority determine the data system or registry must be adopted, if the emergency medical services center is a critical access or rural health care facility or hospital, with an additional six months in which to demonstrate compliant usage of the data system or registry.

"(c) If no relevant nationally recognized classification standard is available for a specific type of emergency medical services center, the authority shall consider the recommendations of the board for one or more new classifications of a type of emergency medical services center.

"(d) The board and the authority may grant, at the request of an emergency medical services center, an extension to the timeline described in paragraph (b) of this subsection.

"(2)(a) An emergency medical services center is not required to obtain categorization or designation as described in subsection (1) of this

section but may, at the discretion of the emergency medical services center, strive to obtain a specific categorization or designation.

"(b) An emergency medical services center described in this subsection is not required to adopt and use a specific data system or registry unless the data system or registry is required in order to obtain the categorization or designation that the emergency medical services center strives to obtain.

"(c) An emergency medical services center may concurrently adopt and use data systems or registries in addition to any data systems or registries required for a specific categorization or designation.

"(3) An emergency medical services center that uses any data system or registry shall grant to the authority permission to extract data subject to relevant confidentiality requirements.

"(4) An emergency medical services center may not hold itself out, or operate, as having obtained a specific categorization or designation until:

"(a) The emergency medical services center meets all requirements for the categorization or designation within the timelines specified in subsection (1)(b) of this section; and

"(b) The authority, through the Emergency Medical Services Program, recognizes that the emergency medical services center meets the categorization or designation requirements.

"(5) The authority shall adopt rules to carry out this section and may adopt as rules of the authority any relevant nationally recognized classification standards and proposed classification standards described in subsection (1) of this section.".

Delete pages 5 through 9.

On page 10, delete lines 1 through 25.

On page 11, delete lines 21 through 45 and insert:

"**SECTION 12. (1) The Emergency Medical Services Program, upon**

the recommendation of the Emergency Medical Services Advisory Board, shall establish and maintain an emergency medical services data system. In formulating recommendations, the board shall consider the advice of the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee and the Behavioral Health Emergency Medical Services Advisory Committee. The Oregon Health Authority shall adopt rules for the data system described in this subsection to establish:

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

"(b) A process for the oversight of the data system and the reporting of information to the data system;

"(c) The form and frequency of reporting information:

"(A) To the data system, the authority and the board; and

"(B) From the data system to health care facilities and providers that report information to the data system; and

"(d) The procedures and standards for the administration and maintenance of the data system.

"(2) In determining the information described in subsection (1)(a) of this section, the authority shall require the reporting of information recommended by the board following consultation with the committees.

"(3) The data system established under this section must:

"(a) Use nationally accredited data registry systems approved by the authority where available;

"(b) Have security measures in place to protect individually identifiable information;

"(c) Allow the authority to export data stored in the system;

"(d) Be used for quality assurance, quality improvement, epidemiological assessment and investigation, public health imple-

mentation, critical response planning, prevention activities and other purposes as the authority determines necessary; and

"(e) Meet other requirements established by the authority by rule.

"(4) If no relevant nationally accredited data registry system is available, the authority shall convene an advisory committee of stakeholders, including but not limited to state and community partners, to develop a proposal for the establishment of a data system. The advisory committee convened under this subsection shall prioritize high-quality patient care outcomes in all decision-making.

"(5) The authority may not require:

"(a) That a health care facility adopt a specific registry unless that registry is required for the specific categorization or designation that the health care facility seeks to obtain.

"(b) The reporting of data that is not otherwise required of a health care facility in order for the health care facility to obtain a specific categorization or designation that the health care facility seeks to obtain.

"(6) The authority may access and extract data from any registry that a health care facility has adopted for purposes of obtaining a specific categorization or designation, and may use data described in this subsection in the data system established under this section.

"(7) The Emergency Medical Services Program shall make recommendations to:

"(a) Health care facilities for the adoption of specific registries and services from the data system established under this section for the purpose of health care facility categorization; and

"(b) Emergency medical services providers for the adoption of specific registries and services from the data system established under this section for the purpose of sharing emergency medical services data with the authority.

"(8) The authority may request the inclusion of demographic data from patients who receive emergency medical care from a health care facility or emergency medical services provider, including but not limited to the patients':

"(a) Age;

"(b) Sex;

"(c) Gender;

"(d) Race and ethnicity;

"(e) Status as a disabled person;

"(f) Status as a veteran; and

"(g) Zip code and emergency medical services region of residence.

"(9) As used in this section, 'individually identifiable information' means:

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

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

"SECTION 13. The Emergency Medical Services Program may create internal data systems in addition to the emergency medical services data system established and maintained under section 12 of this 2024 Act. The program may not require:

"(1) An emergency medical services center to adopt and use an internal data system created under this section.

"(2) Reporting of data that is not otherwise required of an emergency medical services center in order for the emergency medical services center to obtain a specific categorization or designation that the emergency medical services center seeks to obtain.".

On page 12, delete lines 1 through 30.

On page 14, delete lines 5 through 45 and delete pages 15 through 29 and insert:

"SECTION 17. ORS 682.017 is amended to read:

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

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

"(2) Requirements for the operation and coordination of ambulances and other emergency care systems.

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

"(4) Procedures for summoning and dispatching aid.

"(5) Requirements that ambulance services report patient encounter data to [*an electronic emergency medical services data system managed by the authority*] **the emergency medical services data system established under section 12 of this 2024 Act**. The requirements must specify the data that an ambulance service must report, the form and frequency of the reporting and the procedures and standards for the administration of the data system.

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

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

"SECTION 18. ORS 682.051 is amended to read:

"682.051. (1) A person or governmental unit commits the offense of unlawful operation of an unlicensed ambulance or the offense of unlawful operation of an unlicensed ambulance service if the person or governmental unit advertises or operates in this state a motor vehicle, aircraft or watercraft ambulance that:

"(a) Is not operated by an ambulance service licensed under this chapter;

"(b) Is not licensed under this chapter; and

"(c) Does not meet the minimum requirements established under this chapter by the Oregon Health Authority in consultation with the [*State Emergency Medical Service Committee*] **Emergency Medical Services Ad-**

visory Board for that type of ambulance.

"(2) This section does not apply to any ambulance or any person if the ambulance or person is exempted by ORS 682.035 or 682.079 from regulation by the authority.

"(3) Authority of political subdivisions to regulate ambulance services or to regulate or allow the use of ambulances is limited under ORS 682.031.

"(4) The offense described in this section, unlawful operation of an unlicensed ambulance or ambulance service, is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.

"(5) In addition to the penalties prescribed by subsection (4) of this section, the authority may impose upon a licensed ambulance service a civil penalty not to exceed $5,000 for each violation of this chapter and the rules adopted thereunder. Each day of continuing violation shall be considered a separate violation for purposes of this subsection.

"SECTION 19. ORS 682.056 is amended to read:

"682.056. (1)[*(a)*] Ambulance services shall report patient encounter data to the [*electronic emergency medical services data system managed by the Oregon Health Authority*] **emergency medical services data system established under section 12 of this 2024 Act** for each patient care event in accordance with rules adopted by the **Oregon Health** Authority under ORS 682.017.

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

"(2)(a) The patient outcome data described in subsection (3) of this section about a patient who an ambulance service transported to a hospital, and that the hospital entered into the [*Oregon Trauma Registry*] **emergency medical services data system established under section 12 of this 2024 Act**, must be available to the designated official of the ambulance service that trans-

ported the patient.

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

"(3) Patient outcome data includes:

"(a) The health outcomes of the patient who was the subject of the prehospital care event from the emergency department or other intake facility of the hospital, including but not limited to:

"(A) Whether the patient was admitted to the hospital; and

"(B) If the patient was admitted, to what unit the patient was assigned;

"(b) The patient's chief complaint, the diagnosis the patient received in the emergency department or other intake facility and any procedures performed on the patient;

"(c) The emergency department or hospital discharge disposition of the patient; and

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

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

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

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

"(5) Data provided pursuant to this section may be used for quality assurance, quality improvement, epidemiological assessment and investigation, public health critical response planning, prevention activities and other purposes that the authority determines necessary.

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

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

"(c) The patient outcome data described in subsection (3) of this section

must be available to the designated official of the nontransporting prehospital care provider that provided care and reported patient encounter data about the patient.

"(7) The authority may adopt rules to carry out this section, including rules to:

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

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

"(c) Define 'nontransporting prehospital care provider.'

"SECTION 20. ORS 682.059 is amended to read:

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

"(2) The authority shall consult with the [*State Emergency Medical Service Committee*] **Emergency Medical Services Advisory Board** to determine the data to include in the report required under this section.

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

"SECTION 21. ORS 682.068 is amended to read:

"682.068. (1) The Oregon Health Authority, in consultation with the [*State Emergency Medical Service Committee*] **Emergency Medical Services Advisory Board**, shall adopt rules specifying minimum requirements for ambulance services, and for staffing and medical and communications equipment requirements for all types of ambulances. The rules must define the requirements for advanced life support and basic life support units of emergency vehicles, including equipment and emergency medical services provider staffing of the passenger compartment when a patient is being transported in emergency circumstances.

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

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

"SECTION 22. ORS 682.075 is amended to read:

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

"(2) In order for an owner to secure and retain a license for an ambulance under this chapter, it shall meet the requirements imposed by rules of the authority. The requirements may relate to construction, maintenance, capacity, sanitation and emergency medical supplies and equipment on ambulances. Such requirements shall include, but are not limited to, requirements relating to space in patient compartments, access to patient compartments, storage facilities, operating condition, cots, mattresses, stretchers, cot and stretcher fasteners, bedding, oxygen and resuscitation equipment, splints, tape, bandages, tourniquets, patient convenience accessories, cleanliness of vehicle and laundering of bedding.

"SECTION 23. ORS 682.079 is amended to read:

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

"(A) Because special circumstances exist that would render compliance unreasonable, burdensome or impractical because of special conditions or cause; or

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

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

"(2) In determining whether or not a variance shall be granted, the authority:

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

"(b) In all cases, shall weigh the equities involved and the advantages and disadvantages to the welfare of patients and the owners of vehicles.

"(3) Rules under this section shall be adopted, amended or repealed in accordance with ORS 183.330.

"SECTION 24. ORS 181A.375 is amended to read:

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

"(a) Corrections Policy Committee;

"(b) Fire Policy Committee;

"(c) Police Policy Committee;

"(d) Telecommunications Policy Committee; and

"(e) Private Security Policy Committee.

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

"(3) The Corrections Policy Committee consists of:

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

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

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

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

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

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

"(C) One person recommended by and representing a statewide association of community corrections directors;

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

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

"(F) Two nonmanagement corrections officers; and

"(G) One person representing the public who:

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

"(ii) Is not related within the second degree by affinity or consanguinity to a person who is employed or utilized as a corrections officer or parole and probation officer.

"(4) The Fire Policy Committee consists of:

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

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

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

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

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

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

"(E) One person representing the forest protection agencies and recommended by the State Forestry Department; and

"(F) One person representing the public who:

"(i) Has never been employed or utilized as a fire service professional; and

"(ii) Is not related within the second degree by affinity or consanguinity to a person who is employed or utilized as a fire service professional.

"(5) The Police Policy Committee consists of:

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

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

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

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

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

"(D) Three nonmanagement law enforcement officers; and

"(E) Two persons representing the public:

"(i) Who have never been employed or utilized as a police officer, certified reserve officer, reserve officer or regulatory specialist;

"(ii) Who are not related within the second degree by affinity or

consanguinity to a person who is employed or utilized as a police officer, certified reserve officer, reserve officer or regulatory specialist; and

"(iii) One of whom is a member of a marginalized or historically underrepresented community.

"(6) The Telecommunications Policy Committee consists of:

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

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

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

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

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

"(D) Two persons representing telecommunicators;

"(E) One person recommended by and representing the Oregon State Sheriffs' Association;

"(F) One person recommended by and representing the Oregon Fire Chiefs Association;

"(G) One person recommended by and representing the [*Emergency Medical Services and Trauma Systems Program*] **Emergency Medical Services Program** of the Oregon Health Authority;

"(H) One person representing emergency medical services providers and recommended by a statewide association dealing with fire medical issues; and

"(I) One person representing the public who:

"(i) Has never been employed or utilized as a telecommunicator or an emergency medical dispatcher; and

"(ii) Is not related within the second degree by affinity or consanguinity to a person who is employed or utilized as a telecommunicator or an emer-

gency medical dispatcher.

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

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

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

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

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

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

"(D) One person representing the manufacturing industry;

"(E) One person representing the retail industry;

"(F) One person representing the hospitality industry;

"(G) One person representing private business or a governmental entity that utilizes private security services;

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

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

"(J) One person representing the public who:

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

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

"(8) In making appointments to the policy committees under this section, the chairperson of the board shall seek to reflect the diversity of the state's population. An appointment made by the chairperson of the board must be ratified by the board before the appointment is effective. The chairperson of the board may remove an appointed member for just cause. An appointment

to a policy committee that is based on the member's employment is automatically revoked if the member changes employment. The chairperson of the board shall fill a vacancy in the same manner as making an initial appointment. The term of an appointed member is two years. An appointed member may be appointed to a second term.

"(9) A policy committee may meet at such times and places as determined by the policy committee in consultation with the Department of Public Safety Standards and Training. A majority of a policy committee constitutes a quorum to conduct business. A policy committee may create subcommittees if needed.

"(10)(a) Each policy committee shall develop policies, requirements, standards and rules relating to its specific discipline. A policy committee shall submit its policies, requirements, standards and rules to the board for the board's consideration. When a policy committee submits a policy, requirement, standard or rule to the board for the board's consideration, the board shall:

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

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

"(C) Defer a decision and return the matter to the policy committee for revision or reconsideration.

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

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

"(11) At any time after submitting a matter to the board, the chairperson

of the policy committee may withdraw the matter from the board's consideration.

"SECTION 25. ORS 353.450 is amended to read:

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

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

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

"(c) The university shall seek funding through grants and other means to implement and operate a fellowship program for physicians, physician assistants and nurse practitioners intending to practice in rural areas.

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

"(a) Establish educational opportunities for emergency medical services providers in rural counties;

"(b) Contract with educational facilities qualified to conduct emergency medical training programs using a curriculum approved by the [*Emergency Medical Services and Trauma Systems Program*] **Emergency Medical Services Program**; and

"(c) Review requests for training funds with input from the [*State Emergency Medical Service Committee*] **Emergency Medical Services Advisory Board** and other individuals with expertise in emergency medical services.

"SECTION 26. ORS 442.507 is amended to read:

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

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

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

"(4) The office may make grants to entities for the purchase of equipment, the establishment of new rural emergency medical service systems or the improvement of existing rural emergency medical service systems.

"(5) With the exception of printing and mailing expenses associated with the grant program, the Office of Rural Health shall pay for administrative costs of the program with funds other than those transferred under ORS 442.870.

"SECTION 27. ORS 442.870 is amended to read:

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

"(2) The Department of Revenue shall distribute moneys in the Emergency Medical Services Enhancement Account in the following manner:

"(a) 35 percent of the moneys in the account shall be transferred to the Office of Rural Health established under ORS 442.475 for the purpose of en-

hancing emergency medical services in rural areas as specified in ORS 442.507.

"(b) 25 percent of the moneys in the account shall be transferred to the [*Emergency Medical Services and Trauma Systems Program established under ORS 431A.085*] **Emergency Medical Services Program established under section 2 of this 2024 Act**.

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

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

"SECTION 28. ORS 682.039 is repealed.

"SECTION 29. (1) Sections 2 to 16 of this 2024 Act, the amendments to ORS 181A.375, 353.450, 442.507, 442.870, 682.017, 682.051, 682.056, 682.059, 682.068, 682.075 and 682.079 by sections 17 to 27 of this 2024 Act and the repeal of ORS 682.039 by section 28 of this 2024 Act become operative on January 1, 2025.

"(2) The Board on Public Safety Standards and Training, the Department of Revenue, the Office of Rural Health, the Oregon Health Authority and the Oregon Health and Science University may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority, board, department, office and university to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority, board, department, office and university by sections 2 to 16 of this 2024 Act, the amendments to ORS 181A.375, 353.450, 442.507, 442.870, 682.017, 682.051, 682.056, 682.059, 682.068, 682.075 and 682.079 by sections 17 to 27 of this 2024 Act and the repeal of ORS 682.039 by section 28 of this 2024 Act.

"SECTION 30. (1) Notwithstanding the term of office specified in section 4 of this 2024 Act, of the members first appointed to the

Emergency Medical Services Advisory Board under section 4 (1)(b) to (q) of this 2024 Act:

"(a) Four shall serve for a term ending December 31, 2025.

"(b) Four shall serve for a term ending December 31, 2026.

"(c) Four shall serve for a term ending December 31, 2027.

"(d) Four shall serve for a term ending December 31, 2028.

"(2) The Director of the Oregon Health Authority may appoint to the Emergency Medical Services Advisory Board members of the State Trauma Advisory Board established under ORS 431A.055, the Stroke Care Committee established under ORS 431A.525 and the State Emergency Medical Service Committee established under ORS 682.039 (2023 Edition) who meet the membership requirements described in section 4 of this 2024 Act.

"SECTION 31. The Director of the Oregon Health Authority may appoint to the:

"(1) Time-Sensitive Medical Emergencies Advisory Committee members of the State Trauma Advisory Board established under ORS 431A.055 and the Stroke Care Committee established under ORS 431A.525.

"(2) Emergency Medical Services Advisory Committee members of the State Emergency Medical Service Committee established under ORS 682.039 (2023 Edition).

"(3) The Pediatric Emergency Medical Services Advisory Committee members of the Emergency Medical Services for Children Advisory Committee established under ORS 431A.105.

"SECTION 32. (1) The Emergency Medical Services Advisory Board, the Time-Sensitive Medical Emergencies Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee and the Behavioral Health Emergency Medical Services Advisory Committee may hold their first meetings no earlier than January 1, 2025.

"(2)(a) The emergency medical services regions established under section 11 of this 2024 Act may hold their first meetings no earlier than January 1, 2026.

"(b) The emergency medical services regions shall develop the regional emergency medical services system plans not later than January 1, 2027.

"SECTION 33. Not later than December 31 of each even-numbered year, the Oregon Health Authority shall submit, in the manner provided in ORS 192.245, a report to the Legislative Assembly on the progress of implementing the provisions of sections 2 to 16 of this 2024 Act. The report must include detailed information regarding any challenges in implementing the provisions of sections 2 to 16 of this 2024 Act.

"SECTION 34. Section 33 of this 2024 Act is repealed on December 31, 2030.

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"SECTION 35. Section 36 of this 2024 Act is added to and made a part of sections 2 to 16 of this 2024 Act.

"SECTION 36. (1) The Long Term Care and Senior Care Emergency Medical Services Advisory Committee is established in the Emergency Medical Services Advisory Board. The committee shall consist of members determined by the board and the Oregon Health Authority and must include at least:

"(a) One member who is a physician licensed under ORS chapter 677 who practices emergency medicine or emergency medical services medicine;

"(b) One member who is an emergency medical services provider licensed under ORS 682.216;

"(c) One member who represents a patient equity organization or is an academic professional specializing in health equity; and

"(d) One member who is a hospital administrator in a hospital that operates an emergency department.

"(2) The committee shall provide advice and recommendations to the board regarding time-sensitive long term care and senior care medical emergencies on:

"(a) The integration of long term care and senior care emergency medical services into the Emergency Medical Services Program.

"(b) The regionalization and improvement of care for time-sensitive long term care and senior care medical emergencies.

"(c) The designation, using nationally recognized classifications where possible, of emergency medical services centers for the provision of care for time-sensitive long term care and senior care medical emergencies. If no nationally recognized classifications exist, the committee shall undertake a public deliberation process to establish classifications and submit the established classifications to the board for approval. In establishing and approving classifications, the committee and the board shall prioritize patient care.

"(3) With the advice of the Long Term Care and Senior Care Emergency Medical Services Advisory Committee, the authority shall:

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

"(b) Provide technical assistance to the Emergency Medical Services Advisory Committee on the integration of emergency medical services for long term and senior care patients into the Emergency Medical Services Program.

"(c) Provide advice and technical assistance to the Time-Sensitive Medical Emergencies Advisory Committee on the regionalization of emergency medical services for long term care and senior care pa-

tients.

"(d) Establish guidelines for:

"(A) The categorization of specialized regional critical care centers and trauma care centers for long term care and senior care patients.

"(B) Referring long term care and senior care patients to appropriate emergency or critical care centers.

"(C) Necessary prehospital and other emergency and critical care medical service equipment for long term care and senior care patients.

"(D) Developing a system that will allow long term care and senior care patients to receive appropriate initial stabilization and treatment with the timely provision of, or referral to, the appropriate level of care, including critical care, trauma care or subspecialty care.

"(E) An interfacility transfer system for critically ill or injured long term care and senior care patients.

"(F) Continuing professional education programs for emergency medical services personnel, including training in the emergency care of long term care and senior care patients across different demographics.

"(G) A public education program concerning emergency medical services for long term care and senior care patients, including information on emergency access telephone numbers.

"(H) The collection and analysis of statewide emergency and critical care medical services data from emergency and critical care medical services facilities for the purposes of quality improvement by those facilities with respect to long term care and senior care patients, subject to relevant confidentiality requirements.

"(I) The establishment of cooperative interstate relationships to facilitate the provision of appropriate care for long term and senior care patients who must cross state borders to receive emergency and critical care services.

"(J) Coordination and cooperation between providers of emergency medical services for long term care and senior care patients and other public and private organizations interested or involved in emergency and critical care for long term care and senior care patients.

"(4) The authority may adopt rules as necessary to carry out this section, including rules to adopt the nationally recognized classifications described in subsection (2) of this section.

"SECTION 37. Section 3 of this 2024 Act is amended to read:

"**Sec. 3.** (1) The Emergency Medical Services Program, with the advice of the Emergency Medical Services Advisory Board, the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee [*and*]**,** the Behavioral Health Emergency Medical Services Advisory Committee **and the Long Term Care and Senior Care Emergency Medical Services Advisory Committee**, shall:

"(a) Coordinate with national health organizations involved in improving the quality of stroke, cardiac, trauma, pediatric [*and*]**,** behavioral health **and long term and senior** care to avoid duplicative information and redundant processes;

"(b) Use information related to stroke, cardiac, trauma, pediatric [*and*]**,** behavioral health **and long term and senior** care to support improvement in the quality of care in accordance with guidelines that meet or exceed nationally recognized standards;

"(c) Encourage the sharing of information among health care providers on practices that improve the quality of stroke, cardiac, trauma, pediatric [*and*]**,** behavioral health **and long term and senior** care;

"(d) Facilitate communication about data trends and treatment developments among health care providers and coordinated care organizations that provide services related to stroke, cardiac, trauma, pediatric [*and*]**,** behavioral health **and long term and senior** care; and

"(e) Provide stroke, cardiac, trauma, pediatric [*and*]**,** behavioral health **and long term and senior** care data, and recommendations for improvement to care, to coordinated care organizations.

"(2) Not later than the beginning of each odd-numbered year regular session of the Legislative Assembly, the program shall submit to the Legislative Assembly a report in the manner provided in ORS 192.245 summarizing the program's activities under this section.

"SECTION 38. Section 5 of this 2024 Act is amended to read:

"**Sec. 5.** (1) The Emergency Medical Services Advisory Board shall provide advice and recommendations to the Emergency Medical Services Program on the following:

"(a) A definition of 'patient' for purposes of time-sensitive medical emergencies, pediatric medical emergencies [*and*]**,** behavioral health medical emergencies **and long term and senior care medical emergencies**;

"(b) Evidence-based practices and standards for emergency medical services care for defined patient types;

"(c) Emergency medical services workforce needs;

"(d) Coordination of care between health care specialties;

"(e) Other issues related to emergency medical services as determined by the Oregon Health Authority and the program;

"(f) The appointment of the regional emergency medical services advisory boards; and

"(g) Approval of the regional emergency medical services plans described in section 11 of this 2024 Act.

"(2) The board may convene temporary subcommittees for matters related to emergency medical services in order to inform and make recommendations to the board.

"(3) In addition to the duties described in subsection (1) of this section, the board shall convene the following permanent advisory committees that shall inform and make recommendations to the board, in addition to other

specified duties:

"(a) Time-Sensitive Medical Emergencies Advisory Committee, as described in section 6 of this 2024 Act;

"(b) Emergency Medical Services Advisory Committee, as described in section 7 of this 2024 Act;

"(c) Pediatric Emergency Medical Services Advisory Committee, as described in section 8 of this 2024 Act; [*and*]

"(d) Behavioral Health Emergency Medical Services Advisory Committee, as described in section 9 of this 2024 Act[.]**; and**

"(e) Long Term Care and Senior Care Emergency Medical Services Advisory Committee, as described in section 36 of this 2024 Act.

"SECTION 39. Section 7 of this 2024 Act is amended to read:

"**Sec. 7.** (1) The Emergency Medical Services Advisory Committee is established in the Emergency Medical Services Advisory Board. The committee shall consist of members determined by the board and the Oregon Health Authority and must include at least:

"(a) One member who is a physician licensed under ORS chapter 677 who practices emergency medicine or emergency medical services medicine;

"(b) One member who is an emergency medical services provider licensed under ORS 682.216; and

"(c) One member who represents a patient equity organization or is an academic professional specializing in health equity.

"(2) The committee shall provide advice and recommendations to the board regarding emergency medical services, for the care of time-sensitive medical emergencies, pediatric medical emergencies [*and*]**,** behavioral health medical emergencies **and long term and senior care medical emergencies**, including 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, using nationally recognized classifications where possible, of emergency medical services centers for the provision of care for medical emergencies. If no nationally recognized classifications exist, the committee shall undertake a public deliberation process to establish classifications and submit the established classifications to the board for approval. In establishing and approving classifications, the committee and the board shall prioritize patient care.

"(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 services providers. The subcommittee shall advise the board on potential rules that the board may recommend to the authority for adoption under this section.

"(4) The committee may:

"(a) Assist the Time-Sensitive Medical Emergencies Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee [*and*]**,** the Behavioral Health Emergency Medical Services Advisory Committee **and the Long Term Care and Senior Care Emergency Medical Services Advisory Committee** in coordination and planning efforts; and

"(b) Provide other assistance to the board as the board requests.

"(5) The authority may adopt rules as necessary to carry out this section, including rules to adopt the nationally recognized classifications described in subsection (2) of this section.

"SECTION 40. Section 10 of this 2024 Act is amended to read:

"**Sec. 10.** (1)(a) The Emergency Medical Services Advisory Board, upon the advice of the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee [*and*]**,** the Behavioral Health Emergency Medical Services Advisory Committee **and the Long Term Care and Senior Care Emergency Medical Services Advisory Committee**, shall determine the nationally recognized classification standards to recom-

mend to the Oregon Health Authority to adopt as rules for categorization and designation of emergency medical services centers for the provision of trauma, stroke, cardiac, pediatric [*and*]**,** behavioral health **and long term and senior** care and other identified time-sensitive emergencies.

"(b) If a nationally recognized classification standard used by the authority under this subsection requires that an emergency medical services center use a specific data system or registry in order to obtain a specific categorization or designation, the authority shall require an emergency medical services center that intends to obtain the categorization or designation to adopt the data system or registry not later than:

"(A) Eighteen months after the date on which the Emergency Medical Services Advisory Board and the authority determine the data system or registry must be adopted, if the emergency medical services center is a large facility or hospital, with an additional six months in which to demonstrate compliant usage of the data system or registry.

"(B) Three years after the date on which the board and the authority determine the data system or registry must be adopted, if the emergency medical services center is a critical access or rural health care facility or hospital, with an additional six months in which to demonstrate compliant usage of the data system or registry.

"(c) If no relevant nationally recognized classification standard is available for a specific type of emergency medical services center, the authority shall consider the recommendations of the board for one or more new classifications of a type of emergency medical services center.

"(d) The board and the authority may grant, at the request of an emergency medical services center, an extension to the timeline described in paragraph (b) of this subsection.

"(2)(a) An emergency medical services center is not required to obtain categorization or designation as described in subsection (1) of this section but may, at the discretion of the emergency medical services center, strive

to obtain a specific categorization or designation.

"(b) An emergency medical services center described in this subsection is not required to adopt and use a specific data system or registry unless the data system or registry is required in order to obtain the categorization or designation that the emergency medical services center strives to obtain.

"(c) An emergency medical services center may concurrently adopt and use data systems or registries in addition to any data systems or registries required for a specific categorization or designation.

"(3) An emergency medical services center that uses any data system or registry shall grant to the authority permission to extract data subject to relevant confidentiality requirements.

"(4) An emergency medical services center may not hold itself out, or operate, as having obtained a specific categorization or designation until:

"(a) The emergency medical services center meets all requirements for the categorization or designation within the timelines specified in subsection (1)(b) of this section; and

"(b) The authority, through the Emergency Medical Services Program, recognizes that the emergency medical services center meets the categorization or designation requirements.

"(5) The authority shall adopt rules to carry out this section and may adopt as rules of the authority any relevant nationally recognized classification standards and proposed classification standards described in subsection (1) of this section.

"SECTION 41. ORS 146.015 is amended to read:

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

"(2) The board shall make policies for the administration of ORS 146.003 to 146.189 and the Department of State Police shall adopt rules to effectuate the policies.

"(3) The board shall recommend the name or names of pathologists to the

Superintendent of State Police from which the superintendent shall appoint the Chief Medical Examiner.

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

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

"(b) The State Health Officer;

"(c) A sheriff;

"(d) A trauma physician recommended by the [*State Trauma Advisory Board*] **Emergency Medical Services Advisory Board**;

"(e) A pathologist;

"(f) A district attorney;

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

"(h) A chief of police;

"(i) A member of the defense bar;

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

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

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

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

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

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

"SECTION 42. ORS 441.020 is amended to read:

"441.020. (1) Licenses for health care facilities, except long term care facilities as defined in ORS 442.015, must be obtained from the Oregon Health Authority.

"(2) Licenses for long term care facilities must be obtained from the Department of Human Services.

"(3) Applications shall be upon such forms and shall contain such information as the authority or the department may reasonably require, which may include affirmative evidence of ability to comply with such reasonable standards and rules as may lawfully be prescribed under ORS 441.025.

"(4)(a) Each application submitted to the Oregon Health Authority must be accompanied by the license fee. If the license is denied, the fee shall be refunded to the applicant. If the license is issued, the fee shall be paid into the State Treasury to the credit of the Oregon Health Authority Fund for the purpose of carrying out the functions of the Oregon Health Authority under and enforcing ORS 441.015 to 441.119, 441.761 to 441.795 and 441.993; or

"(b) Each application submitted to the Department of Human Services must be accompanied by the application fee or the annual renewal fee, as applicable. If the license is denied, the fee shall be refunded to the applicant. If the license is issued, the fee shall be paid into the State Treasury to the credit of the Department of Human Services Account for the purpose of carrying out the functions of the Department of Human Services under and enforcing ORS [*431A.050 to 431A.080,*] 441.015 to 441.119 and 441.993.

"(5) Except as otherwise provided in subsection (8) of this section, for hospitals with:

"(a) Fewer than 26 beds, the annual license fee shall be $1,250.

"(b) Twenty-six beds or more but fewer than 50 beds, the annual license fee shall be $1,850.

"(c) Fifty or more beds but fewer than 100 beds, the annual license fee shall be $3,800.

"(d) One hundred beds or more but fewer than 200 beds, the annual license fee shall be $6,525.

"(e) Two hundred or more beds, but fewer than 500 beds, the annual license fee shall be $8,500.

"(f) Five hundred or more beds, the annual license fee shall be $12,070.

"(6) A hospital shall pay an annual fee of $750 for each hospital satellite indorsed under the hospital's license.

"(7) The authority may charge a reduced hospital fee or hospital satellite fee if the authority determines that charging the standard fee constitutes a significant financial burden to the facility.

"(8) For long term care facilities with:

"(a) One to 15 beds, the application fee shall be $2,000 and the annual renewal fee shall be $1,000.

"(b) Sixteen to 49 beds, the application fee shall be $3,000 and the annual renewal fee shall be $1,500.

"(c) Fifty to 99 beds, the application fee shall be $4,000 and the annual renewal fee shall be $2,000.

"(d) One hundred to 150 beds, the application fee shall be $5,000 and the annual renewal fee shall be $2,500.

"(e) More than 150 beds, the application fee shall be $6,000 and the annual renewal fee shall be $3,000.

"(9) For ambulatory surgical centers, the annual license fee shall be:

"(a) $1,750 for certified and high complexity noncertified ambulatory surgical centers with more than two procedure rooms.

"(b) $1,250 for certified and high complexity noncertified ambulatory surgical centers with no more than two procedure rooms.

"(c) $1,000 for moderate complexity noncertified ambulatory surgical centers.

"(10) For birthing centers, the annual license fee shall be $750.

"(11) For outpatient renal dialysis facilities, the annual license fee shall be $2,000.

"(12) The authority shall prescribe by rule the fee for licensing an extended stay center, not to exceed:

"(a) An application fee of $25,000; and

"(b) An annual renewal fee of $5,000.

"(13) During the time the licenses remain in force, holders are not required to pay inspection fees to any county, city or other municipality.

"(14) Any health care facility license may be indorsed to permit operation at more than one location. If so, the applicable license fee shall be the sum of the license fees that would be applicable if each location were separately licensed. The authority may include hospital satellites on a hospital's license in accordance with rules adopted by the authority.

"(15) Licenses for health maintenance organizations shall be obtained from the Director of the Department of Consumer and Business Services pursuant to ORS 731.072.

"(16) Notwithstanding subsection (4) of this section, all moneys received for approved applications pursuant to subsection (8) of this section shall be deposited in the Quality Care Fund established in ORS 443.001.

"(17) As used in this section:

"(a) 'Hospital satellite' has the meaning prescribed by the authority by rule.

"(b) 'Procedure room' means a room where surgery or invasive procedures are performed.

"SECTION 43. ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525 and 431A.530 are repealed.

"SECTION 44. (1) Section 36 of this 2024 Act, the amendments to sections 3, 5, 7 and 10 of this 2024 Act by sections 37 to 40 of this 2024

Act, the amendments to ORS 146.015 and 441.020 by sections 41 and 42 of this 2024 Act and the repeal of ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525 and 431A.530 by section 43 of this 2024 Act become operative on January 1, 2027.

"(2) The Department of Human Services, the Oregon Health Authority and the State Medical Examiner Advisory Board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority, board and department to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority, board and department by section 36 of this 2024 Act, the amendments to sections 3, 5, 7 and 10 of this 2024 Act by sections 37 to 40 of this 2024 Act, the amendments to ORS 146.015 and 441.020 by sections 41 and 42 of this 2024 Act and the repeal of ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525 and 431A.530 by section 43 of this 2024 Act.

"SECTION 45. The Director of the Oregon Health Authority may appoint to the Long Term Care and Senior Care Emergency Medical Services Advisory Committee members of the Senior Emergency Medical Services Advisory Council established under section 1, chapter 616, Oregon Laws 2021.

"CAPTIONS

"SECTION 46. The unit captions used in this 2024 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2024 Act.

"EFFECTIVE DATE

"SECTION 47. This 2024 Act takes effect on the 91st day after the date on which the 2024 regular session of the Eighty-second Legislative Assembly adjourns sine die.".
