

Requested by Representative GRAYBER

**PROPOSED AMENDMENTS TO
HOUSE BILL 4081**

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

2 “(k) One must be a nurse who works in a hospital emergency
3 department;”.

4 Delete lines 36 and 37 and insert:

5 “(n) One must be a person who works in a long term care facility, as de-
6 fined in ORS 442.015, or who represents long term care facilities, or who
7 works in a residential facility, as defined in ORS 443.400, or who represents
8 residential facilities;”.

9 Delete lines 42 and 43 and insert:

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

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

13 “(b) The member described in subsection (1)(k) of this section must be li-
14 censed under ORS 678.010 to 678.410 and in good standing.”.

15 In line 23, delete “emergency medical services” and insert “time-sensitive
16 medical emergencies, pediatric medical emergencies and behavioral health
17 medical emergencies”.

18 In line 34, after “services” insert “in order to inform and make recom-
19 mendations to the board”.

20 In line 36, after “committees” insert “that shall inform and make recom-
21 mendations to the board, in addition to other specified duties”.

1 Delete line 45 and insert:

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

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

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

10 **“(c) One member who is a physician who practices cardiology and**
11 **manages acute cardiac conditions;**

12 **“(d) One member who is a physician who practices critical care**
13 **medicine;**

14 **“(e) One member who is a physician who practices emergency**
15 **medicine;**

16 **“(f) One member who is a physician who practices emergency**
17 **medical services medicine;**

18 **“(g) One member who is a physician who practices in neurological**
19 **surgery and neurocritical care and manages both trauma and stroke**
20 **patients;**

21 **“(h) One member who is an emergency medical services provider**
22 **licensed under ORS 682.216; and**

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

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

1 **cies.**

2 **“(b) The committee shall provide recommendations to the board on:**

3 **“(A) The regionalization and improvement of care for time-sensitive**
4 **medical emergencies.**

5 **“(B) The designation, using nationally recognized classifications**
6 **where possible, of emergency medical services centers for the pro-**
7 **vision of care for time-sensitive medical emergencies. If no nationally**
8 **recognized classifications exist, the committee shall undertake a pub-**
9 **lic deliberation process to establish classifications and submit the es-**
10 **tablished classifications to the board for approval. In establishing and**
11 **approving classifications, the committee and the board shall prioritize**
12 **patient care.**

13 **“(3) The committee shall:**

14 **“(a) Advise the board with respect to the board’s duties related to**
15 **care for cardiac, stroke, trauma and other identified time-sensitive**
16 **emergencies;**

17 **“(b) Advise the board on potential rules that the board may re-**
18 **commend to the authority for adoption related to care for cardiac,**
19 **stroke, trauma and other identified time-sensitive emergencies;**

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

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

25 **“(e) Identify inequities in the provision of care and provide recom-**
26 **mendations to the board and program to resolve the identified inequi-**
27 **ties.**

28 **“(4) The members of the committee who are physicians must be**
29 **physicians licensed under ORS chapter 677.**

30 **“(5) The authority may adopt rules as necessary to carry out this**

1 section, including rules to adopt the nationally recognized classifica-
2 tions described in subsection (2) of this section.

3 **“SECTION 7. (1) The Emergency Medical Services Advisory Com-
4 mittee is established in the Emergency Medical Services Advisory
5 Board. The committee shall consist of members determined by the
6 board and the Oregon Health Authority and must include at least:**

7 **“(a) One member who is a physician licensed under ORS chapter
8 677 who practices emergency medicine or emergency medical services
9 medicine;**

10 **“(b) One member who is an emergency medical services provider
11 licensed under ORS 682.216; and**

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

14 **“(2) The committee shall provide advice and recommendations to
15 the board regarding emergency medical services, for the care of time-
16 sensitive medical emergencies, pediatric medical emergencies and be-
17 havioral health medical emergencies, including the following
18 objectives:**

19 **“(a) The regionalization and improvement of emergency medical
20 services, including the coordination and planning of emergency med-
21 ical services efforts.**

22 **“(b) The designation, using nationally recognized classifications
23 where possible, of emergency medical services centers for the pro-
24 vision of care for medical emergencies. If no nationally recognized
25 classifications exist, the committee shall undertake a public deliber-
26 ation process to establish classifications and submit the established
27 classifications to the board for approval. In establishing and approving
28 classifications, the committee and the board shall prioritize patient
29 care.**

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

1 **“(3) The chairperson of the committee shall appoint an advisory**
2 **subcommittee on the licensure and discipline of emergency medical**
3 **services providers. The subcommittee shall advise the board on po-**
4 **tential rules that the board may recommend to the authority for**
5 **adoption under this section.**

6 **“(4) The committee may:**

7 **“(a) Assist the Time-Sensitive Medical Emergencies Advisory Com-**
8 **mittee, the Pediatric Emergency Medical Services Advisory Committee**
9 **and the Behavioral Health Emergency Medical Services Advisory**
10 **Committee in coordination and planning efforts; and**

11 **“(b) Provide other assistance to the board as the board requests.**

12 **“(5) The authority may adopt rules as necessary to carry out this**
13 **section, including rules to adopt the nationally recognized classifica-**
14 **tions described in subsection (2) of this section.**

15 **“SECTION 8. (1) The Pediatric Emergency Medical Services Advi-**
16 **sory Committee is established in the Emergency Medical Services Ad-**
17 **visory Board. The committee shall consist of members determined by**
18 **the board and the Oregon Health Authority and must include at least:**

19 **“(a) Two members who are physicians specializing in the treatment**
20 **of pediatric emergency patients;**

21 **“(b) One member who is a nurse who has pediatric emergency ex-**
22 **perience;**

23 **“(c) One member who is a physician with pediatric training;**

24 **“(d) One member who is an emergency medical services provider**
25 **licensed under ORS 682.216;**

26 **“(e) One member who is a representative of the Emergency Medical**
27 **Services Program;**

28 **“(f) One member who has experience as the project director of a**
29 **statewide committee related to emergency medical services for chil-**
30 **dren;**

1 **“(g) One member who has experience as the program manager of**
2 **a statewide committee related to emergency medical services for chil-**
3 **dren;**

4 **“(h) One member who is a family representative; and**

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

7 **“(2) The committee shall provide advice and recommendations to**
8 **the board regarding pediatric medical emergencies, including the fol-**
9 **lowing objectives:**

10 **“(a) The integration of pediatric emergency medical services into**
11 **the Emergency Medical Services Program;**

12 **“(b) The regionalization and improvement of care for time-sensitive**
13 **pediatric medical emergencies; and**

14 **“(c) The designation, using nationally recognized classifications**
15 **where possible, of emergency medical services centers for the pro-**
16 **vision of care for time-sensitive pediatric medical emergencies.**

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

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

22 **“(b) Provide technical assistance to the Emergency Medical Services**
23 **Advisory Committee on the integration of pediatric emergency medical**
24 **services into the Emergency Medical Services Program.**

25 **“(c) Provide technical assistance to the Time-Sensitive Medical**
26 **Emergencies Advisory Committee on the regionalization of pediatric**
27 **emergency medical services.**

28 **“(d) Establish guidelines for:**

29 **“(A) The voluntary categorization of emergency medical services**
30 **agencies and hospital departments that meet the requirements of the**

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

3 **“(B) Referring pediatric patients to appropriate emergency medical**
4 **services centers or critical care centers.**

5 **“(C) Necessary pediatric patient care equipment for prehospital and**
6 **pediatric critical care.**

7 **“(D) Developing a coordinated system that will allow pediatric pa-**
8 **tients to receive appropriate initial stabilization and treatment with**
9 **timely provision of, or referral to, the appropriate level of care in-**
10 **cluding critical care, trauma care and pediatric subspecialty care.**

11 **“(E) An interfacility transfer system for critically ill or injured**
12 **pediatric patients.**

13 **“(F) Continuing education programs for emergency medical services**
14 **personnel, including training in the emergency care of pediatric pa-**
15 **tients across different demographics and physical demonstrations of**
16 **pediatric-specific patient care equipment.**

17 **“(G) A public education program promoting pediatric emergency**
18 **medical services, including information on emergency and crisis tele-**
19 **phone numbers.**

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

24 **“(I) The establishment of cooperative interstate relationships to**
25 **facilitate the provision of appropriate care for pediatric patients who**
26 **must cross state borders to receive critical care and trauma care ser-**
27 **vices.**

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

1 ical care.

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

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

6 “(5) The authority may adopt rules as necessary to carry out this
7 section, including rules to adopt the nationally recognized classifica-
8 tions described in subsection (2) of this section.

9 **“SECTION 9. (1) The Behavioral Health Emergency Medical Ser-**
10 **ices Advisory Committee is established in the Emergency Medical**
11 **Services Advisory Board. The committee shall consist of members de-**
12 **termined by the board and the Oregon Health Authority and must in-**
13 **clude at least:**

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

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

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

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

22 “(2) The committee shall provide advice and recommendations to
23 the board regarding time-sensitive behavioral health medical emer-
24 gencies, including the following objectives:

25 “(a) The integration of behavioral health emergency medical ser-
26 vices into the Emergency Medical Services Program.

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

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

1 vision of care for time-sensitive behavioral health medical emergen-
2 cies. If no nationally recognized classifications exist, the committee
3 shall undertake a public deliberation process to establish classifica-
4 tions and submit the established classifications to the board for ap-
5 proval. In establishing and approving classifications, the committee
6 and the board shall prioritize patient care.

7 **“(3) With the advice of the committee, the authority shall:**

8 **“(a) Employ or contract with professional, technical, research and**
9 **clerical staff to implement this section.**

10 **“(b) Provide technical assistance to the Emergency Medical Services**
11 **Advisory Committee on the integration of emergency medical services**
12 **for behavioral health patients into the Emergency Medical Services**
13 **Program.**

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

17 **“(d) Establish guidelines for:**

18 **“(A) The designation of specialized regional behavioral health crit-**
19 **ical care centers.**

20 **“(B) Referring behavioral health patients to appropriate emergency**
21 **or critical care centers.**

22 **“(C) Necessary prehospital and other behavioral health emergency**
23 **and critical care medical service equipment.**

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

28 **“(E) An interfacility transfer system for critically ill or injured be-**
29 **havioral health patients.**

30 **“(F) Continuing professional education programs for emergency**

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

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

6 **“(H) The collection and analysis of statewide behavioral health**
7 **emergency and critical care medical services data from emergency and**
8 **critical care medical services facilities for the purpose of quality im-**
9 **provement by those facilities, subject to relevant confidentiality re-**
10 **quirements.**

11 **“(I) The establishment of cooperative interstate relationships to**
12 **facilitate the provision of appropriate care for behavioral health pa-**
13 **tients who must cross state borders to receive emergency and critical**
14 **care services.**

15 **“(J) Coordination and cooperation between providers of emergency**
16 **medical services for behavioral health patients and other public and**
17 **private organizations interested or involved in emergency and critical**
18 **care for behavioral health.**

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

21 **“(5) The authority may adopt rules as necessary to carry out this**
22 **section, including rules to adopt the nationally recognized classifica-**
23 **tions described in subsection (2) of this section.**

24 **“SECTION 10. (1)(a) The Emergency Medical Services Advisory**
25 **Board, upon the advice of the Time-Sensitive Medical Emergencies**
26 **Advisory Committee, the Emergency Medical Services Advisory Com-**
27 **mittee, the Pediatric Emergency Medical Services Advisory Committee**
28 **and the Behavioral Health Emergency Medical Services Advisory**
29 **Committee, shall determine the nationally recognized classification**
30 **standards to recommend to the Oregon Health Authority to adopt as**

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

4 “(b) If a nationally recognized classification standard used by the
5 authority under this subsection requires that an emergency medical
6 services center use a specific data system or registry in order to obtain
7 a specific categorization or designation, the authority shall require an
8 emergency medical services center that intends to obtain the categor-
9 ization or designation to adopt the data system or registry not later
10 than:

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

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

21 “(c) If no relevant nationally recognized classification standard is
22 available for a specific type of emergency medical services center, the
23 authority shall consider the recommendations of the board for one or
24 more new classifications of a type of emergency medical services cen-
25 ter.

26 “(d) The board and the authority may grant, at the request of an
27 emergency medical services center, an extension to the timeline de-
28 scribed in paragraph (b) of this subsection.

29 “(2)(a) An emergency medical services center is not required to ob-
30 tain categorization or designation as described in subsection (1) of this

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

3 “(b) An emergency medical services center described in this sub-
4 section is not required to adopt and use a specific data system or
5 registry unless the data system or registry is required in order to ob-
6 tain the categorization or designation that the emergency medical
7 services center strives to obtain.

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

11 “(3) An emergency medical services center that uses any data sys-
12 tem or registry shall grant to the authority permission to extract data
13 subject to relevant confidentiality requirements.

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

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

20 “(b) The authority, through the Emergency Medical Services Pro-
21 gram, recognizes that the emergency medical services center meets
22 the categorization or designation requirements.

23 “(5) The authority shall adopt rules to carry out this section and
24 may adopt as rules of the authority any relevant nationally recognized
25 classification standards and proposed classification standards de-
26 scribed in subsection (1) of this section.”.

27 Delete pages 5 through 9.

28 On page 10, delete lines 1 through 25.

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

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

1 the recommendation of the Emergency Medical Services Advisory
2 Board, shall establish and maintain an emergency medical services
3 data system. In formulating recommendations, the board shall con-
4 sider the advice of the Time-Sensitive Medical Emergencies Advisory
5 Committee, the Emergency Medical Services Advisory Committee, the
6 Pediatric Emergency Medical Services Advisory Committee and the
7 Behavioral Health Emergency Medical Services Advisory Committee.
8 The Oregon Health Authority shall adopt rules for the data system
9 described in this subsection to establish:

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

11 “(b) A process for the oversight of the data system and the report-
12 ing of information to the data system;

13 “(c) The form and frequency of reporting information:

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

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

17 “(d) The procedures and standards for the administration and
18 maintenance of the data system.

19 “(2) In determining the information described in subsection (1)(a)
20 of this section, the authority shall require the reporting of information
21 recommended by the board following consultation with the commit-
22 tees.

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

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

26 “(b) Have security measures in place to protect individually iden-
27 tifiable information;

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

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

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

3 **“(e) Meet other requirements established by the authority by rule.**

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

10 **“(5) The authority may not require:**

11 **“(a) That a health care facility adopt a specific registry unless that**
12 **registry is required for the specific categorization or designation that**
13 **the health care facility seeks to obtain.**

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

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

22 **“(7) The Emergency Medical Services Program shall make recom-**
23 **mendations to:**

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

27 **“(b) Emergency medical services providers for the adoption of spe-**
28 **cific registries and services from the data system established under**
29 **this section for the purpose of sharing emergency medical services**
30 **data with the authority.**

1 **“(8) The authority may request the inclusion of demographic data**
2 **from patients who receive emergency medical care from a health care**
3 **facility or emergency medical services provider, including but not**
4 **limited to the patients’:**

5 **“(a) Age;**

6 **“(b) Sex;**

7 **“(c) Gender;**

8 **“(d) Race and ethnicity;**

9 **“(e) Status as a disabled person;**

10 **“(f) Status as a veteran; and**

11 **“(g) Zip code and emergency medical services region of residence.**

12 **“(9) As used in this section, ‘individually identifiable information’**
13 **means:**

14 **“(a) Individually identifiable health information as that term is de-**
15 **fin ed in ORS 179.505; and**

16 **“(b) Information that could be used to identify a health care pro-**
17 **vider, emergency medical services agency or health care facility.**

18 **“SECTION 13. The Emergency Medical Services Program may cre-**
19 **ate internal data systems in addition to the emergency medical ser-**
20 **vices data system established and maintained under section 12 of this**
21 **2024 Act. The program may not require:**

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

24 **“(2) Reporting of data that is not otherwise required of an emer-**
25 **gency medical services center in order for the emergency medical**
26 **services center to obtain a specific categorization or designation that**
27 **the emergency medical services center seeks to obtain.”.**

28 On page 12, delete lines 1 through 30.

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

1 **“SECTION 17.** ORS 682.017 is amended to read:

2 “682.017. The Oregon Health Authority shall adopt rules in accordance
3 with ORS chapter 183 that include, but are not limited to:

4 “(1) Requirements relating to the types and numbers of emergency vehi-
5 cles, including supplies and equipment carried.

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

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

9 “(4) Procedures for summoning and dispatching aid.

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

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

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

20 **“SECTION 18.** ORS 682.051 is amended to read:

21 “682.051. (1) A person or governmental unit commits the offense of un-
22 lawful operation of an unlicensed ambulance or the offense of unlawful op-
23 eration of an unlicensed ambulance service if the person or governmental
24 unit advertises or operates in this state a motor vehicle, aircraft or
25 watercraft ambulance that:

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

27 “(b) Is not licensed under this chapter; and

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

1 **visory Board** for that type of ambulance.

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

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

7 “(4) The offense described in this section, unlawful operation of an unli-
8 censed ambulance or ambulance service, is a Class A misdemeanor. Each day
9 of continuing violation shall be considered a separate offense.

10 “(5) In addition to the penalties prescribed by subsection (4) of this sec-
11 tion, the authority may impose upon a licensed ambulance service a civil
12 penalty not to exceed \$5,000 for each violation of this chapter and the rules
13 adopted thereunder. Each day of continuing violation shall be considered a
14 separate violation for purposes of this subsection.

15 **“SECTION 19.** ORS 682.056 is amended to read:

16 “682.056. (1)[(a)] Ambulance services shall report patient encounter data
17 to the [*electronic emergency medical services data system managed by the*
18 *Oregon Health Authority*] **emergency medical services data system es-**
19 **tablished under section 12 of this 2024 Act** for each patient care event in
20 accordance with rules adopted by the **Oregon Health** Authority under ORS
21 682.017.

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

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

1 ported the patient.

2 “(b) The authority by rule shall specify the method by which the patient
3 outcome data will be made available to the designated official of an ambu-
4 lance service.

5 “(3) Patient outcome data includes:

6 “(a) The health outcomes of the patient who was the subject of the pre-
7 hospital care event from the emergency department or other intake facility
8 of the hospital, including but not limited to:

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

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

11 “(b) The patient’s chief complaint, the diagnosis the patient received in
12 the emergency department or other intake facility and any procedures per-
13 formed on the patient;

14 “(c) The emergency department or hospital discharge disposition of the
15 patient; and

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

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

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

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

21 “(5) Data provided pursuant to this section may be used for quality as-
22 surance, quality improvement, epidemiological assessment and investigation,
23 public health critical response planning, prevention activities and other
24 purposes that the authority determines necessary.

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

27 “(b) A nontransporting prehospital care provider that reports patient en-
28 counter data shall comply with the reporting requirements that apply to
29 ambulance services.

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

1 must be available to the designated official of the nontransporting prehospi-
2 tal care provider that provided care and reported patient encounter data
3 about the patient.

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

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

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

10 “(c) Define ‘nontransporting prehospital care provider.’

11 **“SECTION 20.** ORS 682.059 is amended to read:

12 “682.059. (1) The Oregon Health Authority shall make publicly available
13 on a website operated by or on behalf of the authority an annual report of
14 the data collected by the authority under ORS 682.056.

15 “(2) The authority shall consult with the [*State Emergency Medical Ser-*
16 *vice Committee*] **Emergency Medical Services Advisory Board** to deter-
17 mine the data to include in the report required under this section.

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

21 **“SECTION 21.** ORS 682.068 is amended to read:

22 “682.068. (1) The Oregon Health Authority, in consultation with the [*State*
23 *Emergency Medical Service Committee*] **Emergency Medical Services Ad-**
24 **visory Board**, shall adopt rules specifying minimum requirements for am-
25 bulance services, and for staffing and medical and communications
26 equipment requirements for all types of ambulances. The rules must define
27 the requirements for advanced life support and basic life support units of
28 emergency vehicles, including equipment and emergency medical services
29 provider staffing of the passenger compartment when a patient is being
30 transported in emergency circumstances.

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

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

7 **“SECTION 22.** ORS 682.075 is amended to read:

8 “682.075. (1) Subject to any law or rule pursuant thereto relating to the
9 construction or equipment of ambulances, the Oregon Health Authority
10 shall, with the advice of the [*State Emergency Medical Service Committee*
11 *appointed under ORS 682.039*] **Emergency Medical Services Advisory**
12 **Board** and in accordance with ORS chapter 183, adopt and when necessary
13 amend or repeal rules relating to the construction, maintenance, capacity,
14 sanitation, emergency medical supplies and equipment of ambulances.

15 “(2) In order for an owner to secure and retain a license for an ambulance
16 under this chapter, it shall meet the requirements imposed by rules of the
17 authority. The requirements may relate to construction, maintenance, ca-
18 pacity, sanitation and emergency medical supplies and equipment on ambu-
19 lances. Such requirements shall include, but are not limited to, requirements
20 relating to space in patient compartments, access to patient compartments,
21 storage facilities, operating condition, cots, mattresses, stretchers, cot and
22 stretcher fasteners, bedding, oxygen and resuscitation equipment, splints,
23 tape, bandages, tourniquets, patient convenience accessories, cleanliness of
24 vehicle and laundering of bedding.

25 **“SECTION 23.** ORS 682.079 is amended to read:

26 “682.079. (1)(a) The Oregon Health Authority may grant exemptions or
27 variances from one or more of the requirements of ORS 820.330 to 820.380
28 or this chapter or the rules adopted under ORS 820.330 to 820.380 or this
29 chapter to any class of vehicles if the authority finds that compliance with
30 the requirement or requirements is inappropriate:

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

4 “(B) Because compliance would result in substantial curtailment of nec-
5 essary ambulance service.

6 “(b) Exemptions or variances granted under this subsection may be lim-
7 ited in time or may be conditioned as the authority considers necessary to
8 protect the public welfare.

9 “(2) In determining whether or not a variance shall be granted, the au-
10 thority:

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

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

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

17 **“SECTION 24.** ORS 181A.375 is amended to read:

18 “181A.375. (1) The Board on Public Safety Standards and Training shall
19 establish the following policy committees:

20 “(a) Corrections Policy Committee;

21 “(b) Fire Policy Committee;

22 “(c) Police Policy Committee;

23 “(d) Telecommunications Policy Committee; and

24 “(e) Private Security Policy Committee.

25 “(2) The members of each policy committee shall select a chairperson and
26 vice chairperson for the policy committee. Only members of the policy com-
27 mittee who are also members of the board are eligible to serve as a chair-
28 person or vice chairperson. The vice chairperson may act as chairperson in
29 the absence of the chairperson.

30 “(3) The Corrections Policy Committee consists of:

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

2 “(b) The chief administrative officer of the training division of the De-
3 partment of Corrections;

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

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

8 “(A) One person recommended by and representing the Oregon State
9 Sheriffs’ Association;

10 “(B) Two persons recommended by and representing the Oregon Sheriff’s
11 Jail Command Council;

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

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

16 “(E) One corrections officer who is employed by the Department of Cor-
17 rections at a women’s correctional facility and who is a member of a bar-
18 gaining unit;

19 “(F) Two nonmanagement corrections officers; and

20 “(G) One person representing the public who:

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

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

26 “(4) The Fire Policy Committee consists of:

27 “(a) All of the board members who represent the fire service discipline;
28 and

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

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

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

5 “(C) One person recommended by and representing community college fire
6 programs;

7 “(D) One nonmanagement firefighter recommended by a statewide organ-
8 ization of firefighters;

9 “(E) One person representing the forest protection agencies and recom-
10 mended by the State Forestry Department; and

11 “(F) One person representing the public who:

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

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

15 “(5) The Police Policy Committee consists of:

16 “(a) All of the board members who represent the law enforcement disci-
17 pline; and

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

20 “(A) One person recommended by and representing the Oregon Associ-
21 ation Chiefs of Police;

22 “(B) Two persons recommended by and representing the Oregon State
23 Sheriffs’ Association;

24 “(C) One command officer recommended by and representing the Oregon
25 State Police;

26 “(D) Three nonmanagement law enforcement officers; and

27 “(E) Two persons representing the public:

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

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

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

3 “(iii) One of whom is a member of a marginalized or historically under-
4 represented community.

5 “(6) The Telecommunications Policy Committee consists of:

6 “(a) All of the board members who represent the telecommunications dis-
7 cipline; and

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

10 “(A) Two persons recommended by and representing a statewide associ-
11 ation of public safety communications officers;

12 “(B) One person recommended by and representing the Oregon Associ-
13 ation Chiefs of Police;

14 “(C) One person recommended by and representing the Oregon State Po-
15 lice;

16 “(D) Two persons representing telecommunicators;

17 “(E) One person recommended by and representing the Oregon State
18 Sheriffs’ Association;

19 “(F) One person recommended by and representing the Oregon Fire Chiefs
20 Association;

21 “(G) One person recommended by and representing the [*Emergency Med-*
22 *ical Services and Trauma Systems Program*] **Emergency Medical Services**
23 **Program** of the Oregon Health Authority;

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

26 “(I) One person representing the public who:

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

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

1 agency medical dispatcher.

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

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

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

7 “(A) One person representing unarmed private security professionals;

8 “(B) One person representing armed private security professionals;

9 “(C) One person representing the health care industry;

10 “(D) One person representing the manufacturing industry;

11 “(E) One person representing the retail industry;

12 “(F) One person representing the hospitality industry;

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

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

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

19 “(J) One person representing the public who:

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

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

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

1 to a policy committee that is based on the member's employment is auto-
2 matically revoked if the member changes employment. The chairperson of the
3 board shall fill a vacancy in the same manner as making an initial appoint-
4 ment. The term of an appointed member is two years. An appointed member
5 may be appointed to a second term.

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

11 “(10)(a) Each policy committee shall develop policies, requirements, stan-
12 dards and rules relating to its specific discipline. A policy committee shall
13 submit its policies, requirements, standards and rules to the board for the
14 board's consideration. When a policy committee submits a policy, require-
15 ment, standard or rule to the board for the board's consideration, the board
16 shall:

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

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

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

21 “(b) The board may defer a decision and return a matter submitted by a
22 policy committee under paragraph (a) of this subsection only once. If a pol-
23 icy, requirement, standard or rule that was returned to a policy committee
24 is resubmitted to the board, the board shall take all actions necessary to
25 implement the policy, requirement, standard or rule unless the board disap-
26 proves the policy, requirement, standard or rule.

27 “(c) Disapproval of a policy, requirement, standard or rule under para-
28 graph (a) or (b) of this subsection requires a two-thirds vote by the members
29 of the board.

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

1 of the policy committee may withdraw the matter from the board's consid-
2 eration.

3 **“SECTION 25.** ORS 353.450 is amended to read:

4 “353.450. (1) It is the finding of the Legislative Assembly that there is
5 need to provide programs that will assist a rural community to recruit and
6 retain physicians, physician assistants and nurse practitioners. For that
7 purpose:

8 “(a) The Legislative Assembly supports the development at the Oregon
9 Health and Science University of an Area Health Education Center program
10 as provided for under the United States Public Health Service Act, Section
11 781.

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

17 “(c) The university shall seek funding through grants and other means to
18 implement and operate a fellowship program for physicians, physician as-
19 sistants and nurse practitioners intending to practice in rural areas.

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

22 “(a) Establish educational opportunities for emergency medical services
23 providers in rural counties;

24 “(b) Contract with educational facilities qualified to conduct emergency
25 medical training programs using a curriculum approved by the [*Emergency*
26 *Medical Services and Trauma Systems Program*] **Emergency Medical Ser-**
27 **vices Program**; and

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

1 **“SECTION 26.** ORS 442.507 is amended to read:

2 “442.507. (1) With the moneys transferred to the Office of Rural Health
3 by ORS 442.870, the office shall establish a dedicated grant program for the
4 purpose of providing assistance to rural communities to enhance emergency
5 medical service systems.

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

9 “(3) The office shall make the final decision concerning which entities
10 receive grants, but the office may seek advice from the Rural Health Coor-
11 dinating Council, the [*State Emergency Medical Service Committee*] **Emer-**
12 **gency Medical Services Advisory Board** and other appropriate individuals
13 experienced with emergency medical services.

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

17 “(5) With the exception of printing and mailing expenses associated with
18 the grant program, the Office of Rural Health shall pay for administrative
19 costs of the program with funds other than those transferred under ORS
20 442.870.

21 **“SECTION 27.** ORS 442.870 is amended to read:

22 “442.870. (1) The Emergency Medical Services Enhancement Account is
23 established separate and distinct from the General Fund. Interest earned on
24 moneys in the account shall accrue to the account. All moneys deposited in
25 the account are continuously appropriated to the Department of Revenue for
26 the purposes of this section.

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

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

1 hancing emergency medical services in rural areas as specified in ORS
2 442.507.

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

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

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

11 **“SECTION 28. ORS 682.039 is repealed.**

12 **“SECTION 29. (1) Sections 2 to 16 of this 2024 Act, the amendments**
13 **to ORS 181A.375, 353.450, 442.507, 442.870, 682.017, 682.051, 682.056, 682.059,**
14 **682.068, 682.075 and 682.079 by sections 17 to 27 of this 2024 Act and the**
15 **repeal of ORS 682.039 by section 28 of this 2024 Act become operative**
16 **on January 1, 2025.**

17 **“(2) The Board on Public Safety Standards and Training, the De-**
18 **partment of Revenue, the Office of Rural Health, the Oregon Health**
19 **Authority and the Oregon Health and Science University may take any**
20 **action before the operative date specified in subsection (1) of this sec-**
21 **tion that is necessary to enable the authority, board, department, of-**
22 **fice and university to exercise, on and after the operative date**
23 **specified in subsection (1) of this section, all of the duties, functions**
24 **and powers conferred on the authority, board, department, office and**
25 **university by sections 2 to 16 of this 2024 Act, the amendments to ORS**
26 **181A.375, 353.450, 442.507, 442.870, 682.017, 682.051, 682.056, 682.059, 682.068,**
27 **682.075 and 682.079 by sections 17 to 27 of this 2024 Act and the repeal**
28 **of ORS 682.039 by section 28 of this 2024 Act.**

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

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

3 **“(a) Four shall serve for a term ending December 31, 2025.**

4 **“(b) Four shall serve for a term ending December 31, 2026.**

5 **“(c) Four shall serve for a term ending December 31, 2027.**

6 **“(d) Four shall serve for a term ending December 31, 2028.**

7 **“(2) The Director of the Oregon Health Authority may appoint to**
8 **the Emergency Medical Services Advisory Board members of the State**
9 **Trauma Advisory Board established under ORS 431A.055, the Stroke**
10 **Care Committee established under ORS 431A.525 and the State Emer-**
11 **gency Medical Service Committee established under ORS 682.039 (2023**
12 **Edition) who meet the membership requirements described in section**
13 **4 of this 2024 Act.**

14 **“SECTION 31. The Director of the Oregon Health Authority may**
15 **appoint to the:**

16 **“(1) Time-Sensitive Medical Emergencies Advisory Committee**
17 **members of the State Trauma Advisory Board established under ORS**
18 **431A.055 and the Stroke Care Committee established under ORS**
19 **431A.525.**

20 **“(2) Emergency Medical Services Advisory Committee members of**
21 **the State Emergency Medical Service Committee established under**
22 **ORS 682.039 (2023 Edition).**

23 **“(3) The Pediatric Emergency Medical Services Advisory Committee**
24 **members of the Emergency Medical Services for Children Advisory**
25 **Committee established under ORS 431A.105.**

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

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

4 “(b) The emergency medical services regions shall develop the re-
5 gional emergency medical services system plans not later than Janu-
6 ary 1, 2027.

7 “SECTION 33. Not later than December 31 of each even-numbered
8 year, the Oregon Health Authority shall submit, in the manner pro-
9 vided in ORS 192.245, a report to the Legislative Assembly on the
10 progress of implementing the provisions of sections 2 to 16 of this 2024
11 Act. The report must include detailed information regarding any
12 challenges in implementing the provisions of sections 2 to 16 of this
13 2024 Act.

14 “SECTION 34. Section 33 of this 2024 Act is repealed on December
15 31, 2030.

16
17 **“EMERGENCY MEDICAL SERVICES PROGRAM 2027**

18
19 “SECTION 35. Section 36 of this 2024 Act is added to and made a
20 part of sections 2 to 16 of this 2024 Act.

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

26 “(a) One member who is a physician licensed under ORS chapter
27 677 who practices emergency medicine or emergency medical services
28 medicine;

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

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

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

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

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

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

12 “(c) The designation, using nationally recognized classifications
13 where possible, of emergency medical services centers for the pro-
14 vision of care for time-sensitive long term care and senior care med-
15 ical emergencies. If no nationally recognized classifications exist, the
16 committee shall undertake a public deliberation process to establish
17 classifications and submit the established classifications to the board
18 for approval. In establishing and approving classifications, the com-
19 mittee and the board shall prioritize patient care.

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

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

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

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

1 **tients.**

2 **“(d) Establish guidelines for:**

3 **“(A) The categorization of specialized regional critical care centers**
4 **and trauma care centers for long term care and senior care patients.**

5 **“(B) Referring long term care and senior care patients to appropri-**
6 **ate emergency or critical care centers.**

7 **“(C) Necessary prehospital and other emergency and critical care**
8 **medical service equipment for long term care and senior care patients.**

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

13 **“(E) An interfacility transfer system for critically ill or injured long**
14 **term care and senior care patients.**

15 **“(F) Continuing professional education programs for emergency**
16 **medical services personnel, including training in the emergency care**
17 **of long term care and senior care patients across different demo-**
18 **graphics.**

19 **“(G) A public education program concerning emergency medical**
20 **services for long term care and senior care patients, including infor-**
21 **mation on emergency access telephone numbers.**

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

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

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

5 “(4) **The authority may adopt rules as necessary to carry out this**
6 **section, including rules to adopt the nationally recognized classifica-**
7 **tions described in subsection (2) of this section.**

8 “**SECTION 37.** Section 3 of this 2024 Act is amended to read:

9 “**Sec. 3.** (1) The Emergency Medical Services Program, with the advice
10 of the Emergency Medical Services Advisory Board, the Time-Sensitive
11 Medical Emergencies Advisory Committee, the Emergency Medical Services
12 Advisory Committee, the Pediatric Emergency Medical Services Advisory
13 Committee [*and*], the Behavioral Health Emergency Medical Services Advi-
14 sory Committee **and the Long Term Care and Senior Care Emergency**
15 **Medical Services Advisory Committee**, shall:

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

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

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

27 “(d) Facilitate communication about data trends and treatment develop-
28 ments among health care providers and coordinated care organizations that
29 provide services related to stroke, cardiac, trauma, pediatric [*and*], behav-
30 ioral health **and long term and senior** care; and

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

4 “(2) Not later than the beginning of each odd-numbered year regular ses-
5 sion of the Legislative Assembly, the program shall submit to the Legislative
6 Assembly a report in the manner provided in ORS 192.245 summarizing the
7 program’s activities under this section.

8 **“SECTION 38.** Section 5 of this 2024 Act is amended to read:

9 **“Sec. 5.** (1) The Emergency Medical Services Advisory Board shall pro-
10 vide advice and recommendations to the Emergency Medical Services Pro-
11 gram on the following:

12 “(a) A definition of ‘patient’ for purposes of time-sensitive medical emer-
13 gencies, pediatric medical emergencies [*and*], behavioral health medical
14 emergencies **and long term and senior care medical emergencies;**

15 “(b) Evidence-based practices and standards for emergency medical ser-
16 vices care for defined patient types;

17 “(c) Emergency medical services workforce needs;

18 “(d) Coordination of care between health care specialties;

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

21 “(f) The appointment of the regional emergency medical services advisory
22 boards; and

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

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

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

1 specified duties:

2 “(a) Time-Sensitive Medical Emergencies Advisory Committee, as de-
3 scribed in section 6 of this 2024 Act;

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

6 “(c) Pediatric Emergency Medical Services Advisory Committee, as de-
7 scribed in section 8 of this 2024 Act; *[and]*

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

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

12 **“SECTION 39.** Section 7 of this 2024 Act is amended to read:

13 **“Sec. 7.** (1) The Emergency Medical Services Advisory Committee is es-
14 tablished in the Emergency Medical Services Advisory Board. The committee
15 shall consist of members determined by the board and the Oregon Health
16 Authority and must include at least:

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

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

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

23 “(2) The committee shall provide advice and recommendations to the
24 board regarding emergency medical services, for the care of time-sensitive
25 medical emergencies, pediatric medical emergencies *[and]*, behavioral health
26 medical emergencies **and long term and senior care medical**
27 **emergencies**, including the following objectives:

28 “(a) The regionalization and improvement of emergency medical services,
29 including the coordination and planning of emergency medical services ef-
30 forts.

1 “(b) The designation, using nationally recognized classifications where
2 possible, of emergency medical services centers for the provision of care for
3 medical emergencies. If no nationally recognized classifications exist, the
4 committee shall undertake a public deliberation process to establish classi-
5 fications and submit the established classifications to the board for approval.
6 In establishing and approving classifications, the committee and the board
7 shall prioritize patient care.

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

9 “(3) The chairperson of the committee shall appoint an advisory subcom-
10 mittee on the licensure and discipline of emergency medical services provid-
11 ers. The subcommittee shall advise the board on potential rules that the
12 board may recommend to the authority for adoption under this section.

13 “(4) The committee may:

14 “(a) Assist the Time-Sensitive Medical Emergencies Advisory Committee,
15 the Pediatric Emergency Medical Services Advisory Committee [*and*], the
16 Behavioral Health Emergency Medical Services Advisory Committee **and the**
17 **Long Term Care and Senior Care Emergency Medical Services Advi-**
18 **sory Committee** in coordination and planning efforts; and

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

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

23 **“SECTION 40.** Section 10 of this 2024 Act is amended to read:

24 **“Sec. 10.** (1)(a) The Emergency Medical Services Advisory Board, upon
25 the advice of the Time-Sensitive Medical Emergencies Advisory Committee,
26 the Emergency Medical Services Advisory Committee, the Pediatric Emer-
27 gency Medical Services Advisory Committee [*and*], the Behavioral Health
28 Emergency Medical Services Advisory Committee **and the Long Term Care**
29 **and Senior Care Emergency Medical Services Advisory Committee,**
30 shall determine the nationally recognized classification standards to recom-

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

5 “(b) If a nationally recognized classification standard used by the au-
6 thority under this subsection requires that an emergency medical services
7 center use a specific data system or registry in order to obtain a specific
8 categorization or designation, the authority shall require an emergency
9 medical services center that intends to obtain the categorization or desig-
10 nation to adopt the data system or registry not later than:

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

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

21 “(c) If no relevant nationally recognized classification standard is avail-
22 able for a specific type of emergency medical services center, the authority
23 shall consider the recommendations of the board for one or more new clas-
24 sifications of a type of emergency medical services center.

25 “(d) The board and the authority may grant, at the request of an emer-
26 gency medical services center, an extension to the timeline described in
27 paragraph (b) of this subsection.

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

1 to obtain a specific categorization or designation.

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

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

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

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

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

17 “(b) The authority, through the Emergency Medical Services Program,
18 recognizes that the emergency medical services center meets the categori-
19 zation or designation requirements.

20 “(5) The authority shall adopt rules to carry out this section and may
21 adopt as rules of the authority any relevant nationally recognized classi-
22 fication standards and proposed classification standards described in sub-
23 section (1) of this section.

24 **“SECTION 41.** ORS 146.015 is amended to read:

25 “146.015. (1) There is hereby established the State Medical Examiner Ad-
26 visory Board.

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

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

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

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

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

6 “(b) The State Health Officer;

7 “(c) A sheriff;

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

10 “(e) A pathologist;

11 “(f) A district attorney;

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

14 “(h) A chief of police;

15 “(i) A member of the defense bar;

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

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

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

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

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

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

2 **“SECTION 42.** ORS 441.020 is amended to read:

3 “441.020. (1) Licenses for health care facilities, except long term care fa-
4 cilities as defined in ORS 442.015, must be obtained from the Oregon Health
5 Authority.

6 “(2) Licenses for long term care facilities must be obtained from the De-
7 partment of Human Services.

8 “(3) Applications shall be upon such forms and shall contain such infor-
9 mation as the authority or the department may reasonably require, which
10 may include affirmative evidence of ability to comply with such reasonable
11 standards and rules as may lawfully be prescribed under ORS 441.025.

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

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

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

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

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

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

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

5 “(e) Two hundred or more beds, but fewer than 500 beds, the annual li-
6 cense fee shall be \$8,500.

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

8 “(6) A hospital shall pay an annual fee of \$750 for each hospital satellite
9 indorsed under the hospital’s license.

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

13 “(8) For long term care facilities with:

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

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

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

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

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

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

25 “(a) \$1,750 for certified and high complexity noncertified ambulatory sur-
26 gical centers with more than two procedure rooms.

27 “(b) \$1,250 for certified and high complexity noncertified ambulatory sur-
28 gical centers with no more than two procedure rooms.

29 “(c) \$1,000 for moderate complexity noncertified ambulatory surgical cen-
30 ters.

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

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

4 “(12) The authority shall prescribe by rule the fee for licensing an ex-
5 tended stay center, not to exceed:

6 “(a) An application fee of \$25,000; and

7 “(b) An annual renewal fee of \$5,000.

8 “(13) During the time the licenses remain in force, holders are not re-
9 quired to pay inspection fees to any county, city or other municipality.

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

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

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

21 “(17) As used in this section:

22 “(a) ‘Hospital satellite’ has the meaning prescribed by the authority by
23 rule.

24 “(b) ‘Procedure room’ means a room where surgery or invasive procedures
25 are performed.

26 **“SECTION 43. ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070,**
27 **431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105,**
28 **431A.525 and 431A.530 are repealed.**

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

1 Act, the amendments to ORS 146.015 and 441.020 by sections 41 and 42
2 of this 2024 Act and the repeal of ORS 431A.050, 431A.055, 431A.060,
3 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095,
4 431A.100, 431A.105, 431A.525 and 431A.530 by section 43 of this 2024 Act
5 become operative on January 1, 2027.

6 “(2) The Department of Human Services, the Oregon Health Au-
7 thority and the State Medical Examiner Advisory Board may take any
8 action before the operative date specified in subsection (1) of this sec-
9 tion that is necessary to enable the authority, board and department
10 to exercise, on and after the operative date specified in subsection (1)
11 of this section, all of the duties, functions and powers conferred on the
12 authority, board and department by section 36 of this 2024 Act, the
13 amendments to sections 3, 5, 7 and 10 of this 2024 Act by sections 37
14 to 40 of this 2024 Act, the amendments to ORS 146.015 and 441.020 by
15 sections 41 and 42 of this 2024 Act and the repeal of ORS 431A.050,
16 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085,
17 431A.090, 431A.095, 431A.100, 431A.105, 431A.525 and 431A.530 by section
18 43 of this 2024 Act.

19 “SECTION 45. The Director of the Oregon Health Authority may
20 appoint to the Long Term Care and Senior Care Emergency Medical
21 Services Advisory Committee members of the Senior Emergency Med-
22 ical Services Advisory Council established under section 1, chapter 616,
23 Oregon Laws 2021.

24

25

“CAPTIONS

26

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

1 **“EFFECTIVE DATE**

2

3 **“SECTION 47. This 2024 Act takes effect on the 91st day after the**
4 **date on which the 2024 regular session of the Eighty-second Legislative**
5 **Assembly adjourns sine die.”.**

6 _____