

HB 2076 -3 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Oliver Droppers, LPRO Analyst

Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/23, 4/8

WHAT THE MEASURE DOES:

Directs Oregon Health Authority (OHA) to establish Emergency Health Care Systems (EHCS) program and Advisory Board; authorizes agency rulemaking. Specifies purposes of the program are regulation of emergency medical services (EMS) agencies, training and licensing of emergency medical response (EMR) providers, and development and maintenance of emergency health care data systems. Specifies duties of Program Director. Modifies and defines terms including emergency medical services agency, emergency medical services patient, nontransport EMS service, EMS medical director, patient care. Requires OHA to prepare a biennial report on the program. Specifies Advisory Board membership and duties. Establishes Time-Sensitive Medical Emergencies Advisory Committee, Pediatric Emergency Medical Services Advisory Committee, and Emergency Medical Services Advisory Committee within the Advisory Board, specifies membership and duties of each committee. Grants OHA authority to designate and develop standards for emergency health care centers as cardiac and pediatric care centers. Directs OHA to designate emergency health care regions and establish a regional emergency health care advisory board in each designated region. Specifies responsibilities and duties of each regional advisory board. Grants OHA authority to implement regional emergency health care system plans. Defines individually identifiable information. Specifies requirements of EHCS program data systems; requires program collect and main data on cardiac, pediatric, stroke, trauma, and other medical emergencies. Specifies all data received or compiled by Emergency Health Care System Advisory Board are confidential, nondiscoverable, and inadmissible in a legal proceeding. Authorizes EHCS program to require reporting by designated trauma centers, providers, physical rehabilitation centers, alcohol and drug rehabilitation centers, and ambulances on trauma patients. Requires certain certified hospitals to report stroke care data. Specifies an emergency health care provider may not be liable for following approved emergency health care system plans. Allows the Governor, OHA Director, or Public Health Director to assign EMS forces and equipment to local government district. Specifies duties and responsibilities of EMS providers during the EMS Mobilization Act including state command and reimbursement of services. Grants Governor authority to make, amend, or rescind any order, rules, or regulations necessary to carry out EMS Mobilization Act. Specifies a state, county, city, fire district, or other political subdivision may not be liable if following EMS Mobilization Act. Modifies licensure for individuals to operate emergency medical service agency or vehicle. Modifies annual licensure fees for emergency medical services agency or ambulance owner. Requires owner of nontransport EMR services to maintain proof of liability coverage of \$500,000 or certificate of the State Treasurer for \$320,000. Takes effect on the 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Integration of emergency medical services (EMS) and trauma systems
- History of Oregon's EMS and trauma advisory boards; care coordination based on a regional model
- Access to records among individuals who receive EMS in Oregon
- Hospital designations and proposed reporting requirements
- Time-sensitive emergencies such as stroke or cardiac events
- Types of EMS providers, 911 and first responders, community paramedicine providers

EFFECT OF AMENDMENT:

-3 **Replaces the measure.** Clarifies timeline when an ambulance service owner license expires. Increases annual license renewal fees for ambulance service owners. Directs Oregon Health Authority (OHA) to establish an advisory committee to develop and submit recommendations no later than August 31, 2022 to modernize the state's emergency health care system. Declares emergency, takes effect on passage.

REVENUE: statement issued - further analysis required.

FISCAL: statement issues - fiscal impact.

BACKGROUND:

Emergency medical services (EMS) is the system that provides emergency medical care, usually in response to a call for help after an incident of serious illness or injury. This system also provides transportation services (ground, air, water) to hospitals for continuation of medical care. A variety of entities can provide EMS transportation, including fire departments, volunteers, municipal EMS providers, and private ambulance companies. Costs for EMS vary greatly depending on provider type, level of service, mode of transportation, and distance traveled.

House Bill 2076 establishes the Emergency Health Care Systems Program in the Oregon Health Authority.