

HB 4081 -2, -3 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 2/5, 2/14

WHAT THE MEASURE DOES:

The measure modernizes Oregon’s emergency medical services (EMS) system by establishing a program and advisory board supported by the advice and technical expertise of advisory committees, which will support regional advisory boards responsible for the development and oversight of regional emergency medical services plans. It also directs the new EMS program to establish and maintain an EMS data system.

Detailed Summary:

Emergency Medical Services Program 2025

- **Emergency Medical Services Program (Sections 2-3):** Establishes Emergency Medical Services Program (Program) in Oregon Health Authority (OHA) to administer comprehensive statewide emergency medical services (EMS) system developed by Emergency Medical Services Advisory Board (Board). Specifies elements of EMS system, duties of Program director, and responsibilities of Program. Requires Program to report to Legislative Assembly biennially.
- **Emergency Medical Services Advisory Board (Sections 4-5):** Establishes 19-member Emergency Medical Services Advisory Board in OHA. Specifies membership and duties. Requires Board to convene specified permanent advisory committees.
- **Permanent Advisory Committees (Section 6-9):** Establishes specified permanent advisory committees in Board to provide advice and technical assistance to Program on specified topics:
 - Time-Sensitive Medical Emergencies Advisory Committee (**Section 6**)
 - Emergency Medical Services Advisory Committee (**Section 7**)
 - Pediatric Emergency Medical Services Advisory Committee (**Section 8**)
 - Behavioral Health Emergency Medical Services Advisory Committee (**Section 9**)
- **Adoption of Classification Standards (Section 10):** Requires the Board, with advice of advisory committees to determine national recognized classification standards to recommend for adoption for provision of trauma, stroke, cardiac, pediatric and behavioral health care, and other identified time-sensitive emergencies. Establishes timelines and other requirements for data system adoption to support classification standards.
- **EMS Regions (Section 11):** Requires OHA, with advice of Board to designate EMS regions consistent with local resources, geography, current patient referral patterns, and existing regionalized health care structures and networks. Requires OHA and the Board to establish an advisory board for each EMS region. Specifies duties of regional advisory boards, including the development of a regional EMS system plan with specified elements.
- **EMS Data System (Sections 12-13):** Requires Program to establish and maintain an EMS data system and requires OHA to adopt rules establishing specified elements. Specifies criteria for data system establishment. Authorizes OHA to request inclusion of specified demographic data in EMS data system. Permits Program to create internal data systems in addition to EMS data system.
- **Confidentiality (Section 14):** Establishes confidentiality for information, data, and reports related to Board and regional advisory boards. Requires final reports of Board and regional advisory boards to be available to the public and free of any personally identifiable information.
- **Incentive Structure (Section 15):** Requires Program to establish incentive structure to encourage compliance with adopted classification standards (Section 10) and regional EMS plans (Section 11). Specifies elements of incentive structure and exception standards for regions or entities not in compliance.

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- **Immunity from Liability (Section 16):** Establishes immunity from liability for acting in accordance with approval EMS plans or providing information in good faith to EMS data system.
- **Board Terms (Section 19):** Establishes terms for Board members (Section 4).
- **Advisory Committee Appointments (Section 20):** Gives appointment authority for advisory Committees to OHA Director.
- **Deadlines (Section 21):** Establishes deadlines for first meetings of advisory committees, first meetings of EMS regional advisory boards, and development of EMS regional plans:
 - Advisory committees – first meeting no earlier than January 1, 2026
 - Regional EMS advisory boards – first meeting no earlier than January 1, 2026
 - EMS regional plans – developed by January 1, 2027

Emergency Medical Services Program 2027

- **Long Term Care and Senior Care EMS Advisory Committee (Section 23):** Establishes Long Term Care and Senior Care EMS Advisory Committee in Board to provide advice and technical assistance on EMS for long term and senior care patients beginning January 1, 2027. Requires advisory committee to establish specific guidelines.

Conforming Amendments (Sections 30-42)

Operative Date: (Section 43): Becomes operative on January 1, 2025.

Effective Date: Takes effect on 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Current patchwork system of EMS regulation
- Regionalization in trauma system

EFFECT OF AMENDMENT:

- Clarifies Emergency Medical Services Advisory Board membership and duties
- Amends membership of Pediatric Emergency Medical Services Advisory Committee and clarifies duties
- Clarifies permitted use of specific categorization or designation by EMS center
- Clarifies criteria and responsibilities in EMS data system development
- Moves up deadline for advisory board and committees to have first meeting from January 1, 2026 to January 1, 2025
- Requires OHA to report in even-number years on implementation of measure until December 31, 2030
- Amends membership of Long Term Care and Senior Care Emergency Medical Services Advisory Committee

-2 **FISCAL:** *Fiscal impact issued*

REVENUE: *No revenue impact*

-3 Clarifies that confidentiality protections do not extend to information that is discoverable or admissible from other source.

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REVENUE: *No revenue impact*

BACKGROUND:

Currently, the Emergency Medical Services and Trauma Systems Program in the Public Health Division of the Oregon Health Authority develops and regulates systems for quality emergency care in Oregon. This includes the Oregon Trauma Program, which is responsible for establishing system standards, collecting data for the Oregon Trauma Registry, and designating trauma hospitals. Trauma hospitals get that distinction by having immediate and around-the-clock availability of surgeons, anesthesiologists, nurses, and resuscitation life-support equipment.

Trauma hospitals are categorized as Level I, II, III, or IV.

PRELIMINARY