


# EMS Modernization Phase 2



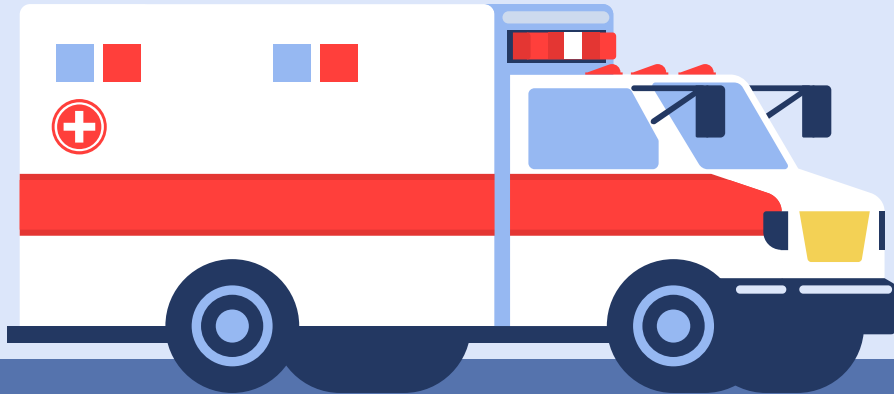
# Problem Statement

- A 2022 regional survey of 21 Oregon EMS agencies revealed **158** vacancies for Paramedics and **84** vacancies for EMTs just within this snapshot.
- In Multnomah County, ambulances were recorded arriving late ~28% of the time
- Nationwide paramedic shortage
- Areas with no dedicated ambulance coverage
- Disparate impacts in rural Oregon



**“Oregon has 104 licensed rural transporting EMS agencies. Of those, 84 operate in rural and 20 in frontier Ambulance Service Areas (fewer than six people per square mile).”**

**—Robert Duehmig (ORH)**



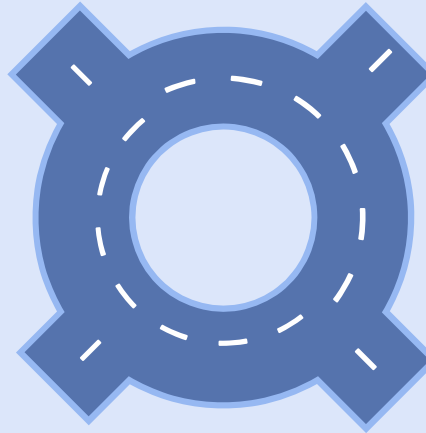
# Top Reported Resource Needs



**Equipment**  
(**87.1%**)



**Workforce  
recruitment and  
retention** ( **64%** )



**Initial & incumbent  
EMS staff training**  
(**65%**)



**Lack of  
billing/coding  
training and  
resources** ( **65%** )

# Bill History + Process

- **HB 4081 (EMS Modernization Act): 2024**  
**Workgroup**
  - **50** healthcare organizations
  - **70** stakeholders
  - **100+** meetings
- **Reforming the state and regional governance structures of EMS**
- **EMS Modernization Phase 2 Workgroup 2025**
  - **Directly addressing the workforce and funding crisis through **HB 3572** and **HB 3380** (EMS Modernization Phase 2 with -1 amendment)**



# Technical Fixes

- **Amends the original EMS Modernization Act**
  - Name and reference change alignment, further clarifications, with original legislative intent



## EMS Mobilization

- **Directs the state to create an EMS Mobilization Plan**
  - Allows EMS resources to be more easily distributed around the state in times of need
  - OHA + Oregon State Fire Marshal (OSFM) partnership
  - Mobilizations and Conflagrations must be authorized by the Governor

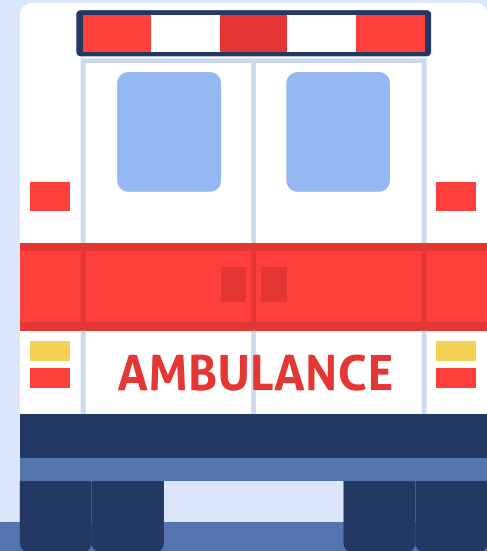
# Strategic Plan

- **Creation of a Ten-Year Strategic EMS Plan**
  - Recommendations to bolster Oregon's EMS workforce, funding, and stabilization of services statewide
- **Recommendation topics**
  - Closing identified workforce gaps
  - Defining and implementing an optional floor
  - Gap analysis of CMS reimbursement
  - EMS's supplemental reimbursement programs stabilization (GEMT & QAF)
  - Collaborative and educational guidance for hospitals and other topics

# Stop-gap Workforce Initiatives

## Immediate interventions

- \$500k per biennium to subsidize the cost of paramedic licenses
- \$500k per biennium for rural Paramedic loan forgiveness
- Increasing the Rural EMS Volunteer Tax Credit from \$250 → \$1000 (HB 3380)
- \$7M EMS Region Innovation Fund
- Equivalents to the 2-Year Associate's Degree

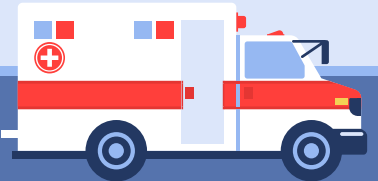




# -I Amendment

## What it does

- Swaps out one of the studies in the 10-year plan with a study about how programs like the GEMT and QAF have been implemented in other states
- Changes the appropriation amount from 8.75M to 9M so that the short-term workforce initiatives can be fully funded through their sunset in 2030
- Makes the State EMS Fund an optional appropriation of the Criminal Fines Account
- REPLICA recommendation



# Thank you

