

A-Engrossed House Bill 3572

Ordered by the House April 10
Including House Amendments dated April 10

Sponsored by Representative GRAYBER, Senator REYNOLDS, Representative BREESE-IVERSON; Representative MUNOZ

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act tells the EMS Program to make a 10-year strategic plan and to give money to some emergency medical services providers. The Act also tells the program to give money to some areas of the state to make EMS better. The Act lets the Governor use EMS resources for emergencies in this state. (Flesch Readability Score: 66.7).

[Digest: The Act tells the EMS Program to make a 10-year plan and give money to some EMS providers. The Act also makes Oregon join a compact to let EMS providers from other states work in this state. The Act also tells the program to give money to some areas of the state to make EMS better. The Act lets the Governor use EMS resources for emergencies in this state. (Flesch Readability Score: 76.6).]

Directs the Emergency Medical Services Program to develop a state emergency medical services 10-year strategic plan. Sunsets on January 2, 2037.

Directs the program to provide loan repayment subsidies to **certain** licensed emergency medical services providers. Directs the program to subsidize the cost of obtaining an emergency medical services provider license **for which an individual must have earned at least an associate degree.** *[Enacts the EMS Personnel Licensure Interstate Compact. Permits the Oregon Health Authority to disclose specified information to the Interstate Commission for EMS Personnel Practice. Exempts individuals authorized to work as emergency medical services providers from the requirement to obtain a license from the authority. Allows the authority to use moneys to meet the financial obligations imposed on the State of Oregon as a result of participation in the compact. Requires an entity to provide a labor peace agreement prior to engaging certain individuals authorized under compact privilege to practice as emergency medical services providers. Sunsets on January 2, 2030.]*

Allows the program to award funding to each regional emergency medical services advisory board for innovation proposals to improve emergency medical services within the emergency medical services regions. Accepts specified emergency medical services training programs and apprenticeships as sufficient for meeting certain emergency medical services provider education requirements for licensure. Allows the Governor to assign and make available for use any emergency medical services resources and equipment in response to an emergency for which emergency medical services are required. Establishes the Emergency Medical Services Mobilization Advisory Board to advise the Governor on the mobilization of emergency medical services in this state. Changes the "Pediatric Emergency Medical Services Advisory Committee" to the "Emergency Medical Services for Children Advisory Committee." **Directs the Legislative Assembly to allocate moneys from the Criminal Fine Account to the Emergency Medical Services Program Fund.**

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to emergency medical services; creating new provisions; amending ORS 137.300, 682.208 and 682.216 and sections 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 31 and 32, chapter 32, Oregon Laws 2024; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

EMERGENCY MEDICAL SERVICES STRATEGIC PLAN

SECTION 1. Sections 2 and 3 of this 2025 Act are added to and made a part of ORS

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

chapter 682.

SECTION 2. (1) The Emergency Medical Services Program established in section 2, chapter 32, Oregon Laws 2024, shall develop a state emergency medical services 10-year strategic plan to support emergency medical services operations for time-sensitive medical emergencies in this state. The strategic plan must provide for full operational capacity in all emergency medical services regions designated under section 11, chapter 32, Oregon Laws 2024, and include defined minimum quality standards that are consistent with any relevant national guidance regarding time-sensitive medical emergencies.

(2) The strategic plan must:

(a) Prioritize the coordination of any existing efforts and technologies related to emergency medical services; and

(b) Strive to employ a variety of funding sources in addition to the General Fund.

(3) The strategic plan must provide specific recommendations, and suggest vehicles for implementation of the recommendations, including legislation, rulemaking and policy development, regarding the following topics:

(a) Emergency medical services workforce, including metropolitan, rural and volunteer staffing targets and recommendations for closing any gaps in staffing targets.

(b) Assurance of rural access to emergency medical services, including:

(A) The definition of an operational minimum for emergency medical services presence in each designated emergency medical services region based on population trends and average commuter traffic;

(B) An analysis of any gap between the current emergency medical services presence and the operational minimum; and

(C) Recommendations for ensuring that rural areas in this state meet or exceed the operational minimum for emergency medical services presence.

(c) The rates of reimbursement offered by federal Centers for Medicare and Medicaid Services, including an analysis of the gap between current reimbursement rates and the emergency medical services operating costs in each designated emergency medical services region and a schedule for reimbursement rate adjustment submission requests.

(d) The improved implementation of the emergency medical services transport reimbursement program described in ORS 682.400 and the improved administration of the supplemental reimbursements described in ORS 413.234, as informed by the study described in section (3)(1)(d) of this 2025 Act.

(e) Collaborative educational guidance, including:

(A) Standards, best practices and reimbursement guidance for treat-in-place protocols, alternative emergency medical services treatment destinations, alternative emergency medical services transport methods, emergency medical services provider career improvement opportunities, tiered emergency medical services response options and emergency calls, as defined in ORS 403.105, made to the 9-1-1 emergency reporting system, as defined in ORS 430.105, for medical emergencies;

(B) Recommendations for best practices for hospital infrastructure, technology and operations in order to support an efficient and robust relationship between hospitals and emergency medical services providers;

(C) Educational outreach plans; and

(D) An implementation support plan that addresses how the public sector can financially

1 and operationally support the implementation of the best practices described in this para-
2 graph.

3 (f) The Recognition of EMS Personnel Licensure Interstate Compact, including:

4 (A) Whether Oregon should enact the compact;

5 (B) Any conditions to enactment of the compact in Oregon; and

6 (C) Data to support the recommendation.

7 (4) The recommendations provided in the strategic plan developed under this section are
8 not binding. The recommendations must be modeled on existing state best practices and ac-
9 count for a variety of hospital sizes and capacities.

10 (5) The program shall publish the strategic plan developed under this section on a pub-
11 licly available website operated by or on behalf of the Oregon Health Authority.

12 (6) Not later than December 31, 2026, the program shall, in the manner provided in ORS
13 192.245 for reporting, submit the strategic plan and a summary of the program's recom-
14 mendations for carrying out the plan to the interim committees of the Legislative Assembly
15 related to health care.

16 (7) The Emergency Medical Services Advisory Board established in section 4, chapter 32,
17 Oregon Laws 2024, shall revise the strategic plan as necessary when national data on com-
18 munity paramedicine are available in standard emergency medical services data technology.
19 The program shall, as soon as practicable, publish the revised strategic plan in the manner
20 described in subsection (5) of this section and submit the revised strategic plan to the in-
21 terim committees of the Legislative Assembly related to health care.

22 (8) Until the time at which the strategic plan development is complete, the program shall
23 provide staffing sufficient to support:

24 (a) The establishment and maintenance of the emergency medical services data system
25 described in section 12, chapter 32, Oregon Laws 2024; and

26 (b) The operation of the Time-Sensitive Medical Emergencies Advisory Committee es-
27 tablished in section 6, chapter 32, Oregon Laws 2024, the Emergency Medical Services Advi-
28 sory Committee established in section 7, chapter 32, Oregon Laws 2024, the Emergency
29 Medical Services for Children Advisory Committee established in section 8, chapter 32,
30 Oregon Laws 2024, and the Behavioral Health Emergency Medical Services Advisory Com-
31 mittee established in section 9, chapter 32, Oregon Laws 2024.

32 **SECTION 3.** (1) In order to inform the strategic plan described in section 2 of this 2025
33 Act, the Emergency Medical Services Program shall:

34 (a) Study the rate of utilization of licensed emergency medical services providers, in-
35 cluding:

36 (A) The total number of licensed emergency medical services providers who are actively
37 employed to perform work that requires, or that is related to work that requires, a valid li-
38 cense to provide emergency medical services;

39 (B) The number of licensed emergency medical services providers described in this par-
40 agraph who are employed in the private sector and who are employed in the public sector;

41 (C) The number of licensed emergency medical services providers described in this para-
42 graph employed in each care setting; and

43 (D) The extent to which the number of licensed emergency medical providers described
44 in this paragraph meets the needs of the state.

45 (b) Create a list of all agencies in this state that use licensed emergency medical services

1 providers to respond to emergency calls, as defined in ORS 403.105, made to the 9-1-1 emer-
2 gency reporting system, as defined in ORS 403.105, including the location of the agencies and
3 the emergency medical services region designated under section 11, chapter 32, Oregon Laws
4 2024, in which the agencies operate.

5 (c)(A) Compile statistics on the:

6 (i) Total number of emergency calls made to the 9-1-1 emergency reporting system for
7 medical emergencies;

8 (ii) Total number of emergency calls made to the 9-1-1 emergency reporting system for
9 medical emergencies that are social service calls as determined by the program;

10 (iii) Number of emergency calls made to the 9-1-1 emergency reporting system for med-
11 ical emergencies in each county; and

12 (iv) Average response time to emergencies by emergency medical services providers.

13 (B) The program may request and receive data from public safety answering points, as
14 defined in ORS 403.105, for the purpose of carrying out this paragraph.

15 (d) Study the supplemental reimbursements administered under ORS 413.234 and examine
16 the operational parameters, funding sources, staffing and implementation of similar re-
17 imbursement structures in other states.

18 (2) In carrying out its duties under this section, the program may use any existing rele-
19 vant data and other information that the program or the Oregon Health Authority has
20 compiled or otherwise possesses.

21 (3) Not later than September 15, 2026, the program shall, in the manner provided in ORS
22 192.245, submit a report that includes the information described in subsection (1) of this
23 section to the interim committees of the Legislative Assembly related to health care.

24 SECTION 4. Sections 2 and 3 of this 2025 Act are repealed on January 2, 2037.

25 26 EMERGENCY MEDICAL SERVICES PROGRAM

27
28 SECTION 5. Sections 6 to 8 of this 2025 Act are added to and made a part of ORS chapter
29 682.

30 SECTION 6. The Emergency Medical Services Program may create the staff position of
31 grants manager to secure and coordinate grant funding for the program and the program's
32 partners. The grants manager shall collaborate with local workforce development boards.

33 SECTION 7. (1) The Emergency Medical Services Program may award, from moneys in
34 the Emergency Medical Services Program Fund established under section 8 of this 2025 Act,
35 funds in an amount up to \$1 million to each regional emergency medical services advisory
36 board established under section 11, chapter 32, Oregon Laws 2024, that submits an innovation
37 proposal under subsection (2) of this section. Subject to subsection (3) of this section, a re-
38 gional emergency medical services advisory board that receives funds under this section shall
39 use the funds for the purpose of developing and implementing emergency medical services
40 workforce pilot programs, improving emergency medical services infrastructure or making
41 investments in emergency medical services equipment within the advisory board's designated
42 emergency medical services region.

43 (2) The Emergency Medical Services Advisory Board established under section 4, chapter
44 32, Oregon Laws 2024, shall establish a process to review and approve innovation proposals.
45 In reviewing and approving innovation proposals, the board shall consider whether an inno-

1 vation proposal includes quality assurance metrics and performance measurements. The
 2 board may not approve an innovation proposal for a workforce pilot program unless the in-
 3 novation proposal includes consultation with local workforce development boards in the des-
 4 ignated emergency medical services region in order to maximize existing funding options and
 5 work in conjunction with any existing efforts.

6 (3)(a) The Emergency Medical Services Program shall, in partnership with the regional
 7 emergency medical services advisory boards, implement the approved innovation proposals.
 8 The program may contract as necessary with third parties to implement an innovation pro-
 9 posal.

10 (b) The program may deduct from the funds awarded to a regional emergency medical
 11 services advisory board the amount necessary to reimburse the program for costs incurred
 12 by the program in implementing a regional emergency medical services advisory board's ap-
 13 proved innovation proposal.

14 **SECTION 8.** The Emergency Medical Services Program Fund is established in the State
 15 Treasury, separate and distinct from the General Fund. Interest earned by the Emergency
 16 Medical Services Program Fund shall be credited to the fund. The moneys in the fund are
 17 continuously appropriated to the Oregon Health Authority for the purposes of carrying out
 18 ORS 682.208 and 682.216 and sections 7 and 14 of this 2025 Act.

19 **SECTION 9.** Section 8 of this 2025 Act is amended to read:

20 **Sec. 8.** The Emergency Medical Services Program Fund is established in the State Treasury,
 21 separate and distinct from the General Fund. Interest earned by the Emergency Medical Services
 22 Program Fund shall be credited to the fund. The moneys in the fund are continuously appropriated
 23 to the Oregon Health Authority for the purposes of carrying out ORS 682.208 and 682.216 and
 24 [sections 7 and 14] **section 7** of this 2025 Act.

25 **SECTION 10.** ORS 682.208 is amended to read:

26 682.208. (1) [A *person desiring*] **In order** to be licensed as an emergency medical services pro-
 27 vider, **an applicant** shall submit an application for licensure to the Oregon Health Authority. The
 28 application must be upon forms prescribed by the authority and must contain:

29 (a) The name and address of the applicant.

30 [(b) *The name and location of the training course successfully completed by the applicant and the*
 31 *date of completion.*]

32 (b)(A) **Proof of completion of a training course, approved by the authority pursuant to**
 33 **subsection (2) of this section, that includes the training course name and location and date**
 34 **on which the applicant completed the training course; or**

35 (B) **If the authority by rule requires an applicant to have earned at least an associate**
 36 **degree to be eligible for the level of licensure for which the applicant submits an application,**
 37 **proof that the applicant successfully:**

38 (i) **Earned the associate degree; or**

39 (ii) **Completed an emergency medical services on-the-job training program, as defined in**
 40 **ORS 660.143, a registered apprenticeship program approved under ORS 660.002 to 660.210 or**
 41 **a training program offered by the United States Department of Defense or the Oregon Na-**
 42 **tional Guard.**

43 (c) Evidence that the authority determines is satisfactory to prove that the applicant's physical
 44 and mental health is such that it is safe for the applicant to act as an emergency medical services
 45 provider.

(d) Other information as the authority may reasonably require to determine compliance with applicable provisions of this chapter and the rules adopted under this chapter.

(2) The authority shall adopt a schedule of minimum educational requirements in emergency and nonemergency care for emergency medical services providers. The authority may approve training courses that meet the minimum educational requirements and that are designed to:

(a) Protect the welfare of out-of-hospital patients;

(b) Promote the health and well-being of out-of-hospital patients; and

(c) Reduce the pain and suffering, and save the lives, of out-of-hospital patients.

(3) If an extended period of time, as determined by the authority, has elapsed since the date on which an applicant completed a training course approved under subsection (2) of this section, the authority may require the applicant to provide proof of completion of continuing education as further specified by the authority.

[(2) The application must be accompanied by proof as prescribed by rule of the authority of the applicant's successful completion of a training course approved by the authority and, if an extended period of time has elapsed since the completion of the course, of a satisfactory amount of continuing education.]

[(3) The authority shall adopt a schedule of minimum educational requirements in emergency and nonemergency care for emergency medical services providers. A course approved by the authority must be designed to protect the welfare of out-of-hospital patients, to promote the health, well-being and saving of the lives of such patients and to reduce their pain and suffering.]

SECTION 11. ORS 682.216 is amended to read:

682.216. (1) When application has been made as required under ORS 682.208, the Oregon Health Authority shall license the applicant as an emergency medical services provider if *[it]* **the authority** finds:

(a) The applicant has successfully completed a training course approved by the authority.

(b) The applicant meets the physical and mental qualifications required under ORS 682.208.

(c) No matter has been brought to the attention of the authority which would disqualify the applicant.

(d) A nonrefundable fee has been paid to the authority pursuant to ORS 682.212.

(e) The applicant for an emergency medical services provider license:

(A) Is 18 years of age or older if the applicant is applying for a license at a level higher than emergency medical responder; or

(B) Is 16 years of age or older if the applicant is applying for a license at the emergency medical responder level.

(f) The applicant has successfully completed examination as prescribed by the authority.

(g) The applicant meets other requirements prescribed by rule of the authority.

(2) The authority may provide for the issuance of a provisional license for emergency medical services providers.

(3) The authority may issue an emergency medical services provider license by indorsement without proof of completion of an approved training course **described in ORS 682.208** to an emergency medical services provider who is licensed to practice emergency care in another state **or jurisdiction** of the United States or *[a foreign]* **another** country if¹, *in the opinion of the authority,* **the authority determines** the applicant meets the requirements for licensure in this state and can demonstrate to the satisfaction of the authority competency to practice emergency care. The au-

thority is the sole judge of credentials of any emergency medical services provider applying for licensure without proof of completion of an approved training course.

(4) A person licensed under this section shall submit, at the time of application for renewal of the license to the authority, evidence of the applicant's satisfactory completion of an authority approved program of continuing education and other requirements prescribed by rule by the authority.

(5) The authority shall prescribe criteria and approve programs of continuing education in emergency and nonemergency care to meet the requirements of this section.

(6) The authority shall include a fee pursuant to ORS 682.212 for late renewal and for issuance of any duplicate license. Each license issued under this section, unless sooner suspended or revoked, expires and is renewable after a period of two years. Each license must be renewed on or before June 30 of every second year or on or before such date as may be specified by authority rule. The authority by rule shall establish a schedule of license renewals under this subsection and shall prorate the fees to reflect any shorter license period.

(7) Nothing in this chapter authorizes an emergency medical services provider to operate an ambulance without a driver license as required under the Oregon Vehicle Code.

SECTION 12. The amendments to ORS 682.208 and 682.216 by sections 10 and 11 of this 2025 Act apply to applications for licensure received by the Oregon Health Authority on or after the operative date specified in section 16 (1) of this 2025 Act.

SECTION 13. Section 14 of this 2025 Act is added to and made a part of ORS chapter 682.

SECTION 14. (1)(a) The Emergency Medical Services Program shall provide loan repayment subsidies to emergency medical services providers licensed at a level for which the Oregon Health Authority requires by rule an individual to have earned at least an associate degree in order to be licensed. In awarding the subsidies under this subsection, the program shall consider the requirements for health care provider eligibility described in ORS 676.454.

(b) The program may provide up to \$500,000 in total per biennium in loan repayment subsidies described in this subsection.

(2)(a) The program shall reimburse an individual who obtains an initial emergency medical services provider license at a level described in subsection (1) of this section for up to 100 percent of the cost of obtaining the emergency medical services provider license.

(b) The program may provide up to \$500,000 in total per biennium in reimbursement as described in this subsection.

SECTION 15. Section 14 of this 2025 Act is repealed on January 2, 2030.

SECTION 16. (1) Sections 6 to 8 and 14 of this 2025 Act and the amendments to ORS 682.208 and 682.216 by sections 10 and 11 of this 2025 Act become operative on January 1, 2026.

(2) The amendments to section 8 of this 2025 Act by section 9 of this 2025 Act become operative on January 2, 2030.

(3) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority by sections 6 to 8 and 14 of this 2025 Act and the amendments to ORS 682.208 and 682.216 by sections 10 and 11 of this 2025 Act.

EMERGENCY MEDICAL SERVICES MOBILIZATION

SECTION 17. Sections 18 to 24 of this 2025 Act are added to and made a part of ORS

chapter 682.

SECTION 18. (1) The Governor may assign and make available for use and duty in any county, city or district in this state any emergency medical services resources and equipment of any emergency medical services agency in this state in response to an emergency for which emergency medical services are required.

(2) If the Governor is unavailable to timely exercise the authority under sections 18 to 24 of this 2025 Act, the State Fire Marshal, in consultation with the Emergency Medical Services Program, may exercise the authority. Any order, rules or regulations issued by the State Fire Marshal pursuant to this subsection have the same force and effect as if issued by the Governor.

(3)(a) An order under this section may be issued in writing or, if in the discretion of the Governor the delay in issuing a written order would be dangerous to the welfare of the people of this state, may be issued orally.

(b) If the order is issued in writing, a copy of the order must be filed with the office of the Secretary of State and a second copy must be provided to the affected county, city or district.

(c) If the order is issued orally, a written copy of the order must be made as soon as practicable and filed in the manner described in paragraph (b) of this subsection.

SECTION 19. (1) Pursuant to an order issued under section 18 of this 2025 Act, a regional emergency medical services advisory board established under section 11, chapter 32, Oregon Laws 2024, shall assign and make available for use and duty in any county, city or district the emergency medical services resources and equipment of any emergency medical services agency that normally operates within the designated emergency medical services region advised by the board.

(2) A privately operated ambulance service may contribute any available emergency medical services resources at the disposal of the ambulance service in response to an emergency described in section 18 of this 2025 Act.

SECTION 20. The state shall be liable for any loss of or damage to equipment used under sections 18 to 24 of this 2025 Act and shall pay any expense incurred in the operation or maintenance of the equipment. In order to claim reimbursement under this section, a person shall file a notice of claim of reimbursement with the Emergency Medical Services Program not later than 60 days after the date of the equipment loss, damage or expense, unless otherwise provided by the Oregon Health Authority by rule. A loss, damage or expense described in this section is payable from the Emergency Medical Services Mobilization Fund established under section 24 of this 2025 Act.

SECTION 21. (1) When the personnel of a county, city, district or ambulance service provide aid under sections 18 to 24 of this 2025 Act, the state shall reimburse the county, city, district or ambulance service for the following, as related to the provision of aid:

(a) The compensation of the personnel during the time the provision of aid under sections 18 to 24 of this 2025 Act prevents the personnel from performing their regular duties; and

(b) The actual cost of the personnel's travel and maintenance.

(2) As used in this section, "personnel" means an emergency medical services provider licensed under this chapter, regardless of whether the emergency medical services provider is paid, volunteer or on call.

SECTION 22. The state, or a county, city, district or ambulance service, or an emergency

1 medical services provider acting as the agent of any of the foregoing, is not liable for any
2 injury to person or property resulting from the performance of a duty imposed under
3 sections 18 to 24 of this 2025 Act. In carrying out sections 18 to 24 of this 2025 Act, or while
4 acting within the scope of a duty imposed under sections 18 to 24 of this 2025 Act, a person
5 is not subject to civil liability unless the injury is the result of the person's willful miscon-
6 duct or gross negligence.

7 **SECTION 23.** (1) There is established within the Emergency Medical Services Program
8 the Emergency Medical Services Mobilization Advisory Board. The board consists of mem-
9 bers including but not limited to the following:

- 10 (a) The State Fire Marshal;
- 11 (b) A representative of the Emergency Medical Services Advisory Board;
- 12 (c) A representative from each regional emergency medical services advisory board es-
13 tablished under section 11, chapter 32, Oregon Laws 2024;
- 14 (d) A representative from the Oregon Health Authority Public Health Division;
- 15 (e) A representative from the Oregon Department of Emergency Management;
- 16 (f) A representative from an association that represents fire chiefs in this state;
- 17 (g) A representative from an association that represents ambulance services in this
18 state; and
- 19 (h) A representative from an association that represents counties in this state.

20 (2) The Emergency Medical Services Mobilization Advisory Board shall prepare a plan to
21 carry out sections 18 to 24 of this 2025 Act and provide advice and counsel to the Governor
22 for the most practical utilization under sections 18 to 24 of this 2025 Act of the emergency
23 medical services resources in this state. In developing the plan described in this subsection,
24 the board shall ensure that the plan:

- 25 (a) Reflects the capabilities and resources of state agencies, counties, cities, districts and
26 public and private ambulance services.
- 27 (b) Provides for collaboration between the program and the State Fire Marshal, and
28 specifies the duties of the program and of the State Fire Marshal in an event that requires
29 activation of the plan.

30 (3) The Emergency Medical Services Mobilization Advisory Board shall provide advice to
31 the Oregon Health Authority regarding the adoption of rules to carry out sections 18 to 24
32 of this 2025 Act. The rules must:

- 33 (a) Specify the types of events requiring activation of the plan described in subsection (2)
34 of this section; and
- 35 (b) Specify which types of events require specific leadership from the program and which
36 types of events require specific leadership from the State Fire Marshal.

37 **SECTION 24.** The Emergency Medical Services Mobilization Fund is established in the
38 State Treasury, separate and distinct from the General Fund. The Emergency Medical Ser-
39 vices Mobilization Fund consists of moneys appropriated by the Legislative Assembly for
40 deposit in the fund, and any gifts, grants or donations to the fund. Moneys in the fund are
41 continuously appropriated to the Oregon Health Authority for carrying out the provisions
42 of sections 18 to 24 of this 2025 Act.

43 **SECTION 25.** (1) Sections 18 to 24 of this 2025 Act become operative on January 1, 2027.

44 (2) The Oregon Health Authority and the State Fire Marshal may take any action before
45 the operative date specified in subsection (1) of this section that is necessary to enable the

authority and the State Fire Marshal to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority and the State Fire Marshal by sections 18 to 24 of this 2025 Act.

HOUSE BILL 4081 (2024)

SECTION 26. Section 2, chapter 32, Oregon Laws 2024, is amended to read:

Sec. 2. (1) The Emergency Medical Services Program is established within the Oregon Health Authority for the purpose of administering a comprehensive statewide emergency medical services system developed by the Emergency Medical Services Advisory Board and focused on emergency medical services and time-sensitive emergencies. The system includes:

- (a) The development of state and regional standards of emergency medical care;
- (b) The development of state, regional and interstate protocols for patient transfers using emergency medical services;
- (c) The training and licensing of emergency medical services providers;
- (d) The development and management of emergency medical services data systems;
- (e) The management and administration of state workforce, recruitment and retention programs related to emergency medical services; **and**

[(f) The regulation and administration of state reimbursement systems for emergency medical services; and]

[(g)] **(f)** Requirements for reporting out measurable performance and equity indicators of emergency medical services within this state.

(2) The program is administered by a director who:

(a) Is responsible for conducting emergency medical services system oversight and implementing the recommendations of the advisory board.

(b) Shall apply funds allocated to the program in the following order of priority:

- (A) Development of state and regional standards of care;
- (B) Strengthening the state's emergency medical services workforce;
- (C) Development of statewide educational curriculum to teach the standards of care;
- (D) Implementation of quality improvement programs; and
- (E) Support for and enhancement of the state's emergency medical services.

(c) May adopt rules as necessary to carry out the director's duties and responsibilities described in this subsection.

(3) The program shall have a State EMS Medical Director who is the chairperson of the Emergency Medical Services Advisory Board established under *[section 4 of this 2024 Act]* **section 4, chapter 32, Oregon Laws 2024**, and who is responsible for:

(a) Providing specialized medical oversight in the development and administration of the program;

(b) Implementing emergency medical services quality improvement measures;

(c) Undertaking research and providing public education regarding emergency medical services; and

(d) Serving as a liaison with emergency medical services agencies, emergency medical services centers, hospitals, state and national emergency medical services professional organizations and state and federal partners.

(4) The authority shall:

(a) Adopt rules to establish statewide emergency medical services objectives and standards; and

(b) Publish a biennial report regarding the program's activities.

(5)(a) The establishment of the program does not affect the contracting authority of counties and county ambulance service areas.

(b) The objectives and standards established under subsection (4) of this section do not prohibit a local jurisdiction from implementing objectives and standards that are more rigorous than those established under subsection (4) of this section.

SECTION 27. Section 3, chapter 32, Oregon Laws 2024, is amended to read:

Sec. 3. (1) The Emergency Medical Services Program, with the advice of the Emergency Medical Services Advisory Board, the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee established under section 8, chapter 32, Oregon Laws 2024**, and the Behavioral Health Emergency Medical Services Advisory Committee, shall:

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

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

(c) Encourage the sharing of information among health care providers on practices that improve the quality of stroke, cardiac, trauma, pediatric and behavioral health care;

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

(e) Provide stroke, cardiac, trauma, pediatric and behavioral health care data, and recommendations for improvement to care, to coordinated care organizations.

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

SECTION 28. Section 4, chapter 32, Oregon Laws 2024, is amended to read:

Sec. 4. (1) The Emergency Medical Services Advisory Board is established within the Oregon Health Authority. The authority shall provide staffing for the board. The board consists of 19 members appointed by the Director of the Oregon Health Authority. Of the members of the board:

(a) The State EMS Medical Director of the Emergency Medical Services Program is an ex officio member and serves as the chairperson;

(b) One must be a patient advocate or an education professional who specializes in health equity;

(c) One must be [*an emergency medical services provider licensed under ORS 682.216 who represents*] **a representative of** a private emergency medical services agency licensed under ORS 682.047;

(d) One must be an emergency medical services provider licensed under ORS 682.216 who represents a public emergency medical services agency licensed under ORS 682.047;

(e) One must be a representative of a nontransport emergency medical services agency;

(f) One must be a representative of a labor union that represents emergency medical services

providers;

(g) One must be an emergency medical services provider licensed under ORS 682.216 who works for an emergency medical services agency licensed under ORS 682.047 within a rural emergency medical services system or a rural hospital as defined in ORS 442.470;

(h) One must be a representative of county ambulance service area administrators;

(i) One must be a representative of special districts that operate ambulances;

(j) One must be a hospital administrator in a hospital that operates an emergency department;

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

(L) One must be a representative of a public safety answering point, as defined in ORS 403.105;

(m) One must be an emergency medicine physician;

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

(o) One must be a public member who is, or has been, a frequent user of emergency medical services;

(p) One must be a representative of a third-party payer of health care insurance;

(q) One must be a representative of a patient health care advocacy group;

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

(s) One must be an emergency medical services physician.

(2)(a) The physician members of the board must be physicians licensed under ORS chapter 677 who are in good standing.

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

(c) The members of the board *[who represent emergency medical services agencies]* **described in subsection (1)(d) and (g) of this section** must hold valid licenses in good standing.

(d) The members of the board who are emergency medical services providers must hold valid licenses in good standing.

(3) Board membership must reflect the geographical, cultural, linguistic and economic diversity of this state and must include at least one representative from each emergency medical services region designated under *[section 11 of this 2024 Act]* **section 11, chapter 32, Oregon Laws 2024.**

(4) The term of each member of the board is four years, but a member serves at the pleasure of the Director of the Oregon Health Authority. Before the expiration of a term of a member, the director shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment for no more than two consecutive terms. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(5) A member of the board is entitled to compensation and expenses as provided under ORS 292.495.

(6) The board may adopt rules as necessary to carry out its duties under *[sections 2 to 16 of this 2024 Act]* **sections 2 to 16, chapter 32, Oregon Laws 2024.**

SECTION 29. Section 5, chapter 32, Oregon Laws 2024, is amended to read:

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

(a) A definition of “patient” for purposes of time-sensitive medical emergencies, pediatric med-

ical emergencies and behavioral health medical emergencies;

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

(c) Emergency medical services workforce needs;

(d) Coordination of care between health care specialties;

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

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

(g) Approval of the regional emergency medical services plans described in [section 11 of this 2024 Act] **section 11, chapter 32, Oregon Laws 2024.**

(2) The **Emergency Medical Services Advisory** Board may convene temporary subcommittees for matters related to emergency medical services in order to inform and make recommendations to the board.

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

(a) Time-Sensitive Medical Emergencies Advisory Committee, as described in [section 6 of this 2024 Act] **section 6, chapter 32, Oregon Laws 2024;**

(b) Emergency Medical Services Advisory Committee, as described in [section 7 of this 2024 Act] **section 7, chapter 32, Oregon Laws 2024;**

(c) [Pediatric Emergency Medical Services Advisory Committee] **Emergency Medical Services for Children Advisory Committee**, as described in [section 8 of this 2024 Act] **section 8, chapter 32, Oregon Laws 2024;** and

(d) Behavioral Health Emergency Medical Services Advisory Committee, as described in [section 9 of this 2024 Act] **section 9, chapter 32, Oregon Laws 2024.**

SECTION 30. Section 6, chapter 32, Oregon Laws 2024, is amended to read:

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

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

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

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

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

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

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

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

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

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

(2)(a) The committee shall provide advice and recommendations to the board regarding systems of care related to time-sensitive medical emergencies, including at least cardiac, stroke, airway,

sepsis and trauma emergencies. The [commission] **committee** shall also consider other time-sensitive emergencies including but not limited to [sepsis,] infectious diseases, pandemics, active seizures and severe respiratory emergencies.

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

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

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

(3) The committee shall:

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

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

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

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

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

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

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

SECTION 31. Section 7, chapter 32, Oregon Laws 2024, is amended to read:

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

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

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

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

(2) The committee shall provide advice and recommendations to the board regarding emergency medical services, for the care of time-sensitive medical emergencies, pediatric medical emergencies and behavioral health medical emergencies, including the following objectives:

(a) The regionalization and improvement of emergency medical services, including the coordination and planning of emergency medical services efforts.

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

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

(3) The chairperson of the committee shall appoint an advisory subcommittee on the licensure and discipline of emergency medical services providers. The subcommittee shall advise the board on potential rules that the board may recommend to the authority for adoption under this section.

(4) The committee may:

(a) Assist the Time-Sensitive Medical Emergencies Advisory Committee, the [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee established under section 8, chapter 32, Oregon Laws 2024**, and the Behavioral Health Emergency Medical Services Advisory Committee in coordination and planning efforts; and

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

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

SECTION 32. Section 8, chapter 32, Oregon Laws 2024, is amended to read:

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

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

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

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

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

(e) One member who is a representative of the Emergency Medical Services Program, **who shall serve as an ex officio member**;

(f) One member who has experience as the project director of a statewide committee related to emergency medical services for children, **who shall serve as an ex officio member**;

(g) One member who has experience as the program manager of a statewide committee related to emergency medical services for children, **who shall serve as an ex officio member**;

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

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

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

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

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

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

(3) With the advice of the [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee**, the authority shall:

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

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

(c) Provide technical assistance to the Time-Sensitive Medical Emergencies Advisory Committee

on the regionalization of pediatric emergency medical services.

(d) Establish guidelines for:

(A) The voluntary categorization of emergency medical services agencies and hospital **emergency** departments that meet the *[requirements of the]* United States Health Resources and Services Administration **Emergency Medical Services for Children State Partnership** program **requirements** for pediatric readiness, as adopted by the authority by rule.

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

(C) Necessary pediatric patient care equipment for prehospital and *[pediatric critical care]* **hospital emergency medical care**.

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

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

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

(G) *[A public education program promoting]* **The promotion of** pediatric emergency medical services, including information on emergency and crisis telephone numbers.

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

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

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

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

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

(c) The member of the committee who is an emergency medical services provider must hold a valid license in good standing.

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

SECTION 33. Section 10, chapter 32, Oregon Laws 2024, is amended to read:

Sec. 10. (1)(a) The Emergency Medical Services Advisory Board, upon the advice of the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the *[Pediatric Emergency Medical Services Advisory Committee]* **Emergency Medical Services for Children Advisory Committee established under section 8, chapter 32, Oregon Laws 2024**, and the Behavioral Health Emergency Medical Services Advisory Committee, shall determine the nationally recognized classification standards to recommend to the Oregon Health Authority to adopt as rules for categorization and designation of emergency medical services centers for the provision of trauma, stroke, cardiac, pediatric and behavioral health care and other identified

1 time-sensitive emergencies.

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

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

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

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

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

20 (2)(a) An emergency medical services center is not required to obtain categorization or desig-
21 nation as described in subsection (1) of this section but may, at the discretion of the emergency
22 medical services center, strive to obtain a specific categorization or designation.

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

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

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

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

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

36 (b) The authority, through the Emergency Medical Services Program, recognizes that the emer-
37 gency medical services center meets the categorization or designation requirements.

38 (5) The authority shall adopt rules to carry out this section and may adopt as rules of the au-
39 thority any relevant nationally recognized classification standards and proposed classification stan-
40 dards described in subsection (1) of this section.

41 **SECTION 34.** Section 11, chapter 32, Oregon Laws 2024, is amended to read:

42 **Sec. 11.** (1) The Oregon Health Authority shall, with the advice of the Emergency Medical
43 Services Advisory Board, designate emergency medical services regions that are consistent with lo-
44 cal resources, geography, current patient referral patterns and existing regionalized health care
45 structures and networks. The authority and the Emergency Medical Services Advisory Board shall

1 establish a regional emergency medical services advisory board for each designated emergency
 2 medical services region. The authority and the Emergency Medical Services Advisory Board may
 3 determine the membership of each regional emergency medical services advisory board, and shall
 4 ensure that the membership reflects the geographic, cultural, linguistic and economic diversity of
 5 the emergency medical services region.

6 (2) Each emergency medical services region must include at least one hospital categorized ac-
 7 cording to the emergency medical services region's emergency medical services capabilities as de-
 8 termined by standards adopted by the authority by rule.

9 (3) The authority, with the advice of the Emergency Medical Services Advisory Board, shall
 10 appoint the members of the regional emergency medical services advisory boards. Members serve
 11 at the pleasure of the authority. Each regional emergency medical services advisory board is re-
 12 sponsible for:

13 (a) The development and maintenance of a regional emergency medical services system plan as
 14 described in subsection (4) of this section;

15 (b) Central medical direction for all field care and transportation consistent with geographic and
 16 current communications capability; and

17 (c) Patient triage protocols for time-sensitive emergencies.

18 (4) Each regional emergency medical services system plan:

19 (a) Must include the following:

20 (A) A recommendation of hospitals in the emergency medical services region to be designated
 21 by the authority as emergency medical services centers under *[section 10 of this 2024 Act]* **section**
 22 **10, chapter 32, Oregon Laws 2024;**

23 (B) A description of the patient triage protocols to be used in the emergency medical services
 24 region;

25 (C) A description of the transportation of patients, including the transportation of patients who
 26 are members of a health maintenance organization, as defined in ORS 442.015;

27 (D) Information regarding how the emergency medical services region will coordinate with state
 28 and regional disaster preparedness efforts; and

29 (E) Any other information required by the authority by rule.

30 (b) Must be approved by the authority prior to implementation.

31 (c) May be revised with the approval of the authority.

32 (5) The authority may, with the advice of the Emergency Medical Services Advisory Board, im-
 33 plement the regional emergency medical services plans and may coordinate with a regional emer-
 34 gency medical services advisory board to make changes desired by the authority to the regional
 35 emergency medical services advisory *[board]* **plan**.

36 **SECTION 35.** Section 12, chapter 32, Oregon Laws 2024, is amended to read:

37 **Sec. 12.** (1) The Emergency Medical Services Program, upon the recommendation of the Emer-
 38 gency Medical Services Advisory Board, shall establish and maintain an emergency medical services
 39 data system. In formulating recommendations, the board shall consider the advice of the Time-
 40 Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory
 41 Committee, the *[Pediatric Emergency Medical Services Advisory Committee]* **Emergency Medical**
 42 **Services for Children Advisory Committee established under section 8, chapter 32, Oregon**
 43 **Laws 2024**, and the Behavioral Health Emergency Medical Services Advisory Committee. The
 44 Oregon Health Authority shall adopt rules for the data system described in this subsection to es-
 45 tablish:

- 1 (a) The information that must be reported to the data system;
- 2 (b) A process for the oversight of the data system and the reporting of information to the data
- 3 system;
- 4 (c) The form and frequency of reporting information:
- 5 (A) To the data system, the authority and the board; and
- 6 (B) From the data system to health care facilities and providers that report information to the
- 7 data system; and
- 8 (d) The procedures and standards for the administration and maintenance of the data system.
- 9 (2) In determining the information described in subsection (1)(a) of this section, the authority
- 10 shall require the reporting of information recommended by the board following consultation with the
- 11 committees.
- 12 (3) The data system established under this section must:
- 13 (a) Use nationally accredited data registry systems approved by the authority where available
- 14 **or, if nationally accredited data registry systems are not available, use existing established**
- 15 **data systems authorized and managed by the authority;**
- 16 (b) Have security measures in place to protect individually identifiable information;
- 17 (c) Allow the authority to export data stored in the system;
- 18 (d) Be used for quality assurance, quality improvement, epidemiological assessment and investi-
- 19 gation, public health implementation, critical response planning, prevention activities and other
- 20 purposes as the authority determines necessary; and
- 21 (e) Meet other requirements established by the authority by rule.
- 22 (4) If no relevant nationally accredited data registry system is available, **and no relevant es-**
- 23 **tablished data system authorized and managed by the authority exists,** the authority shall
- 24 convene an advisory committee of stakeholders, including but not limited to state and community
- 25 partners, to develop a proposal for the establishment of a data system. The advisory committee
- 26 convened under this subsection shall prioritize high-quality patient care outcomes in all decision-
- 27 making.
- 28 (5) The authority may not require:
- 29 (a) That a health care facility adopt a specific registry unless that registry is required for the
- 30 specific categorization or designation that the health care facility seeks to obtain.
- 31 (b) The reporting of data that is not otherwise required of a health care facility in order for the
- 32 health care facility to obtain a specific categorization or designation that the health care facility
- 33 seeks to obtain.
- 34 (6) The authority may access and extract data from any registry that a health care facility has
- 35 adopted for purposes of obtaining a specific categorization or designation, and may use data de-
- 36 scribed in this subsection in the data system established under this section.
- 37 (7) The Emergency Medical Services Program shall make recommendations to:
- 38 (a) Health care facilities for the adoption of specific registries and services from the data system
- 39 established under this section for the purpose of health care facility categorization; and
- 40 (b) Emergency medical services providers for the adoption of specific registries and services
- 41 from the data system established under this section for the purpose of sharing emergency medical
- 42 services data with the authority.
- 43 (8) The authority may request the inclusion of demographic data from patients who receive
- 44 emergency medical care from a health care facility or emergency medical services provider, includ-
- 45 ing but not limited to the patients':

- 1 (a) Age;
- 2 (b) Sex;
- 3 (c) Gender;
- 4 (d) Race and ethnicity;
- 5 (e) Status as a disabled person;
- 6 (f) Status as a veteran; and
- 7 (g) Zip code and emergency medical services region of residence.
- 8 (9) As used in this section, “individually identifiable information” means:
- 9 (a) Individually identifiable health information as that term is defined in ORS 179.505; and
- 10 (b) Information that could be used to identify a health care provider, emergency medical services
- 11 agency or health care facility.

12 **SECTION 36.** Section 31, chapter 32, Oregon Laws 2024, is amended to read:

13 **Sec. 31.** The Director of the Oregon Health Authority may appoint to the:

14 (1) Time-Sensitive Medical Emergencies Advisory Committee members of the State Trauma Ad-
 15 visory Board established under ORS 431A.055 and the Stroke Care Committee established under ORS
 16 431A.525.

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

19 (3) [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services**
 20 **for Children Advisory Committee established under section 8, chapter 32, Oregon Laws 2024,**
 21 members of the Emergency Medical Services for Children Advisory Committee established under
 22 ORS 431A.105.

23 **SECTION 37.** Section 32, chapter 32, Oregon Laws 2024, is amended to read:

24 **Sec. 32.** (1) The Emergency Medical Services Advisory Board, the Time-Sensitive Medical
 25 Emergencies Advisory Committee, the [*Pediatric Emergency Medical Services Advisory Committee*]
 26 **Emergency Medical Services for Children Advisory Committee established under section 8,**
 27 **chapter 32, Oregon Laws 2024,** and the Behavioral Health Emergency Medical Services Advisory
 28 Committee may hold their first meetings no earlier than January 1, 2025.

29 (2)(a) The emergency medical services regions established under [*section 11 of this 2024 Act*]
 30 **section 11, chapter 32, Oregon Laws 2024,** may hold their first meetings no earlier than January
 31 1, 2026.

32 (b) The emergency medical services regions shall develop the regional emergency medical ser-
 33 vices system plans not later than January 1, 2027.

34 **SECTION 38.** Section 3, chapter 32, Oregon Laws 2024, as amended by section 37, chapter 32,
 35 Oregon Laws 2024, is amended to read:

36 **Sec. 3.** (1) The Emergency Medical Services Program, with the advice of the Emergency Medical
 37 Services Advisory Board, the Time-Sensitive Medical Emergencies Advisory Committee, the Emer-
 38 gency Medical Services Advisory Committee, the [*Pediatric Emergency Medical Services Advisory*
 39 *Committee*] **Emergency Medical Services for Children Advisory Committee established under**
 40 **section 8, chapter 32, Oregon Laws 2024,** the Behavioral Health Emergency Medical Services
 41 Advisory Committee and the Long Term Care and Senior Care Emergency Medical Services Advi-
 42 sory Committee, shall:

43 (a) Coordinate with national health organizations involved in improving the quality of stroke,
 44 cardiac, trauma, pediatric, behavioral health and long term and senior care to avoid duplicative in-
 45 formation and redundant processes;

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

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

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

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

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

SECTION 39. Section 5, chapter 32, Oregon Laws 2024, as amended by section 38, chapter 32, Oregon Laws 2024, is amended to read:

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

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

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

(c) Emergency medical services workforce needs;

(d) Coordination of care between health care specialties;

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

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

(g) Approval of the regional emergency medical services plans described in *[section 11 of this 2024 Act]* **section 11, chapter 32, Oregon Laws 2024.**

(2) The **Emergency Medical Services Advisory** Board may convene temporary subcommittees for matters related to emergency medical services in order to inform and make recommendations to the board.

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

(a) Time-Sensitive Medical Emergencies Advisory Committee, as described in *[section 6 of this 2024 Act]* **section 6, chapter 32, Oregon Laws 2024;**

(b) Emergency Medical Services Advisory Committee, as described in *[section 7 of this 2024 Act]* **section 7, chapter 32, Oregon Laws 2024;**

(c) *[Pediatric Emergency Medical Services Advisory Committee]* **Emergency Medical Services for Children Advisory Committee**, as described in *[section 8 of this 2024 Act]* **section 8, chapter 32, Oregon Laws 2024;**

(d) Behavioral Health Emergency Medical Services Advisory Committee, as described in *[section 9 of this 2024 Act]* **section 9, chapter 32, Oregon Laws 2024;** and

(e) Long Term Care and Senior Care Emergency Medical Services Advisory Committee, as de-

scribed in [section 36 of this 2024 Act] **section 36, chapter 32, Oregon Laws 2024.**

SECTION 40. Section 7, chapter 32, Oregon Laws 2024, as amended by section 39, chapter 32, Oregon Laws 2024, is amended to read:

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

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

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

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

(2) The committee shall provide advice and recommendations to the board regarding emergency medical services, for the care of time-sensitive medical emergencies, pediatric medical emergencies, behavioral health medical emergencies and long term and senior care medical emergencies, including the following objectives:

(a) The regionalization and improvement of emergency medical services, including the coordination and planning of emergency medical services efforts.

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

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

(3) The chairperson of the committee shall appoint an advisory subcommittee on the licensure and discipline of emergency medical services providers. The subcommittee shall advise the board on potential rules that the board may recommend to the authority for adoption under this section.

(4) The committee may:

(a) Assist the Time-Sensitive Medical Emergencies Advisory Committee, the [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee established under section 8, chapter 32, Oregon Laws 2024**, the Behavioral Health Emergency Medical Services Advisory Committee and the Long Term Care and Senior Care Emergency Medical Services Advisory Committee in coordination and planning efforts; and

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

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

SECTION 41. Section 10, chapter 32, Oregon Laws 2024, as amended by section 40, chapter 32, Oregon Laws 2024, is amended to read:

Sec. 10. (1)(a) The Emergency Medical Services Advisory Board, upon the advice of the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee established under section 8, chapter 32, Oregon Laws 2024**, the Behavioral Health Emergency Medical Services Advisory Committee and the Long Term Care and Senior Care Emergency Medical Services Advisory Committee, shall determine the nationally recognized classification standards to recommend to the Oregon Health Authority to adopt as rules for categorization and designation of emergency medical services centers for the

provision of trauma, stroke, cardiac, pediatric, behavioral health and long term and senior care and other identified time-sensitive emergencies.

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

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

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

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

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

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

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

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

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

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

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

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

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

CRIMINAL FINE ACCOUNT

SECTION 42. ORS 137.300, as amended by section 58, chapter 70, Oregon Laws 2024, is

1 amended to read:

2 137.300. (1) The Criminal Fine Account is established in the General Fund. Except as otherwise
3 provided by law, all amounts collected in state courts as monetary obligations in criminal actions
4 shall be deposited by the courts in the account. All moneys in the account are continuously appro-
5 priated to the Department of Revenue to be distributed by the Department of Revenue as provided
6 in this section. The Department of Revenue shall keep a record of moneys transferred into and out
7 of the account.

8 (2) The Legislative Assembly shall first allocate moneys from the Criminal Fine Account for the
9 following purposes, in the following order of priority:

10 (a) Allocations for public safety standards, training and facilities.

11 (b) Allocations for criminal injuries compensation and assistance to victims of crime and chil-
12 dren reasonably suspected of being victims of crime.

13 (c) Allocations for the forensic services provided by the Oregon State Police, including, but not
14 limited to, services of the Chief Medical Examiner.

15 (d) Allocations for the maintenance and operation of the Law Enforcement Data System.

16 (3) After making allocations under subsection (2) of this section, the Legislative Assembly shall
17 allocate moneys from the Criminal Fine Account for the following purposes:

18 (a) Allocations to the Law Enforcement Medical Liability Account established under ORS
19 414.815.

20 (b) Allocations to the State Court Facilities and Security Account established under ORS 1.178.

21 (c) Allocations to the Department of Corrections for the purpose of planning, operating and
22 maintaining county juvenile and adult corrections programs and facilities and drug and alcohol
23 programs.

24 (d) Allocations to the Oregon Health Authority for the purpose of grants under ORS 430.345 for
25 the establishment, operation and maintenance of alcohol and drug abuse prevention, early inter-
26 vention and treatment services provided through a county.

27 (e) Allocations to the Oregon State Police for the purpose of the enforcement of the laws relat-
28 ing to driving under the influence of intoxicants.

29 (f) Allocations to the Arrest and Return Account established under ORS 133.865.

30 (g) Allocations to the Intoxicated Driver Program Fund established under ORS 813.270.

31 (h) Allocations to the State Court Technology Fund established under ORS 1.012.

32 **(i) Allocations to the Emergency Medical Services Program Fund established under sec-**
33 **tion 8 of this 2025 Act.**

34 (4) It is the intent of the Legislative Assembly that allocations from the Criminal Fine Account
35 under subsection (3) of this section be consistent with historical funding of the entities, programs
36 and accounts listed in subsection (3) of this section from monetary obligations imposed in criminal
37 proceedings. Amounts that are allocated under subsection (3)(c) of this section shall be distributed
38 to counties based on the amounts that were transferred to counties by circuit courts during the
39 2009-2011 biennium under the provisions of ORS 137.308, as in effect January 1, 2011.

40 (5) Moneys in the Criminal Fine Account may not be allocated for the payment of debt service
41 obligations.

42 (6) The Department of Revenue shall deposit in the General Fund all moneys remaining in the
43 Criminal Fine Account after the distributions listed in subsections (2) and (3) of this section have
44 been made.

45 (7) The Department of Revenue shall establish by rule a process for distributing moneys in the

1 Criminal Fine Account. The department may not distribute more than one-eighth of the total
2 biennial allocation to an entity during a calendar quarter.

3
4 **APPROPRIATION**

5
6 **SECTION 43.** There is appropriated to the Emergency Medical Services Program Fund,
7 established under section 8 of this 2025 Act, for the biennium beginning July 1, 2025, out of
8 the General Fund, the amount of \$9,000,000 for the purpose of carrying out the provisions
9 of ORS 682.208 and 682.216 and sections 7 and 14 of this 2025 Act.

10
11 **CAPTIONS**

12
13 **SECTION 44.** The unit captions used in this 2025 Act are provided only for the conven-
14 ience of the reader and do not become part of the statutory law of this state or express any
15 legislative intent in the enactment of this 2025 Act.

16
17 **EFFECTIVE DATE**

18
19 **SECTION 45.** This 2025 Act takes effect on the 91st day after the date on which the 2025
20 regular session of the Eighty-third Legislative Assembly adjourns sine die.