

HB 4053 A STAFF MEASURE SUMMARY**Carrier:** Rep. Grayber**House Committee On Health Care****Action Date:** 02/12/26**Action:** Do pass with amendments and rescind subsequent referral to Ways and Means. (Printed A-Eng.)**Vote:** 8-0-0-0**Yeas:** 8 - Diehl, Harbick, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H**Fiscal:** Has minimal fiscal impact**Revenue:** No revenue impact**Prepared By:** Alexandra Kihn-Stang, LPRO Analyst**Meeting Dates:** 2/10, 2/12**WHAT THE MEASURE DOES:**

The measure establishes the Emergency Medical Services (EMS) Program Fund, directs the Oregon Health Authority (OHA) to create programming for EMS workforce development and training, and makes changes to the EMS program and associated advisory boards. The measure takes effect on the 91st day following sine die.

Detailed Summary:**EMS Program Fund**

- Establishes the EMS Program Fund in the State Treasury separate from the General Fund and specifies what the fund may be used for, and becomes operative on January 1, 2027
- Directs, but does not require, OHA to create EMS workforce development, training, and innovation programming, and specifies that money in the EMS Program Fund is appropriated to OHA for this purpose

EMS Program

- Makes changes to the EMS Program
 - Clarifies language
 - Removes the regulation and administration of state reimbursement systems from the statewide EMS system
 - Makes changes to committees:
 - Changes the Pediatric EMS Advisory Committee to the EMS for Children Advisory Committee and makes changes to the committee's composition
 - Changes "Committee" to "Subcommittee" in the name of the Long Term Care and Senior Care EMS Advisory Committee
 - Stipulates that the Long Term and Senior Case EMS Advisory Subcommittee will inform recommendations from the EMS Advisory Committee to the EMS Advisory Board
 - Specifies that the Behavioral Health EMS Advisory Committee may delegate giving advice and recommendations to the EMS Advisory Board to another committee or subcommittee
 - Removes time restrictions for when an EMS center must adopt a data system or registry, and allows the EMS Program to use an established OHA data system
- Changes become operative January 1, 2027

EMS Education

- Adds minimum education requirements for EMS licensure to OHA's rulemaking requirements
- Permits an enrolled EMS student to provide prehospital care to a patient as part of a clinical course, so long as the student has a qualified supervisor
- Becomes operative January 1, 2027

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ISSUES DISCUSSED:

- Need for an EMS Program Fund to accept grants from the Rural Health Transformation Program (RHTP)
- Potential uses of RHTP EMS grants across the EMS system
- Memory care as an appropriate topic for discussion by the Long Term and Senior Care EMS Advisory Subcommittee
- Providing clarity around EMS students and allowing out-of-state students to train in Oregon
- Updating the EMS Advisory Committee's requirements to allow retired EMS providers to continue service

EFFECT OF AMENDMENT:

The amendment makes changes to OHA workforce training and development programming requirements. It directs OHA to establish programming with advice from the EMS Advisory Board and specifies the audience. It expands the scope of recommendations for the Long Term Care and Senior Case EMS Advisory Subcommittee. It makes changes to EMS licensure requirements. It restricts the use of certain titles unless an individual is appropriately licensed, and it specifies which titles are permitted. It adds to the provision on EMS students providing prehospital care to include students from outside of Oregon, provided that they are enrolled in an appropriate program. It specifies that a student may use the title for which they are in training.

BACKGROUND:

The EMS Modernization Act of 2024, House Bill 4081, established the [EMS Program](#) within OHA. The EMS Program is responsible for developing and regulating systems to support the delivery of quality emergency care, ensuring that Oregon's EMS systems are fully prepared to respond efficiently and effectively. The ultimate goal of EMS modernization is to create regional emergency care systems capable of directing patients to appropriately resourced facilities to meet their acute needs. A component of EMS modernization is the implementation of statewide standards, regional plans, and locally specific protocols. EMS modernization activities will be implemented in phases over a several-year period.

House Bill 3572 (2025) would have enacted the second phase of EMS modernization, including directing the EMS Program to develop and implement a 10-year strategic plan and creating the EMS Program Fund to provide funds to regional EMS advisory boards. House Bill 4053 A creates the EMS Program Fund, directs OHA to create programming for EMS workforce development and training, and makes changes to the EMS program and associated advisory boards.