A-Engrossed
House Bill 4053

Ordered by the House February 16
Including House Amendments dated February 16

Sponsored by Representative GRAYBER; Representatives ANDERSEN, BOWMAN, EVANS, FRAGALA, GAMBA, GOMBERG, MCDONALD, MUNOZ, NELSON, NGUYEN D, NOSSE, WISE, Senators PATTERSON, REYNOLDS (Presession filed.)

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 makes an EMS Program Fund and changes the name of a committee. The Act tells OHA to make minimum education requirements for EMS providers. The Act also makes a subcommittee. (Flesch Readability Score: 61.1).

Establishes the Emergency Medical Services Program Fund. Changes the name of the Pediatric Emergency Medical Services Advisory Committee to the Emergency Medical Services for Children Advisory Committee. Directs the Oregon Health Authority to establish by rule minimum educational requirements for licensure as an emergency medical services provider. **Prohibits a person from using certain titles or initials unless the person is licensed at a level that corresponds to the title or initials.** Becomes operative on January 1, 2027.

Establishes the Long Term Care and Senior Care Emergency Medical Services Advisory Subcommittee within the Emergency Medical Services Advisory Committee to provide advice and recommendations to the committee on issues related to long term care and senior care. Becomes operative on January 1, 2029.

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 682.017, 682.204, 682.208, 682.500, 682.503, 682.506, 682.509, 682.512, 682.515, 682.518, 682.521, 682.524, 682.527, 682.530 and 682.533 and sections 32, 44 and 45, chapter 32, Oregon Laws 2024; and prescribing an effective date.

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

EMERGENCY MEDICAL SERVICES PROGRAM FUND

SECTION 1. Sections 2 and 3 of this 2026 Act are added to and made a part of ORS chapter 682.

SECTION 2. (1) The Emergency Medical Services Program Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Emergency Medical Services Program Fund shall be credited to the fund. The moneys in the fund shall consist of moneys appropriated to the Oregon Health Authority for deposit in the fund, any federal funds related to rural health and emergency medical services and any settlement funds, gifts, grants, contributions or other donations that are received by the authority from any public or private source for the purposes described in subsection (2) of this section.

(2) The moneys in the fund are continuously appropriated to the authority for the purposes of carrying out section 3 of this 2026 Act, in addition to those funds appropriated to

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.

the authority as described in ORS 682.403.

SECTION 3. (1) The Oregon Health Authority may, but is not required to, establish programming related to emergency medical services workforce development, training and innovation.

(2) With the advice of the Emergency Medical Services Advisory Board established under ORS 682.506, the authority may establish programming to provide funding to local governments, health care providers and emergency medical services agencies to support the provision of emergency medical services by those entities.

SECTION 4. (1) Sections 2 and 3 of this 2026 Act become operative on January 1, 2027.

(2) 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 2 and 3 of this 2026 Act.

EMERGENCY MEDICAL SERVICES PROGRAM

SECTION 5. ORS 682.500 is amended to read:

682.500. (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 ORS 682.506 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 6. ORS 682.503 is amended to read:

682.503. (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*] **the Emergency Medical Services for Children Advisory Committee** 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 7. ORS 682.503, as amended by section 37, chapter 32, Oregon Laws 2024, is amended to read:

682.503. (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*,] **the Emergency Medical Services for Children Advisory Committee,** the Behavioral Health Emergency Medical Services Advisory Committee and the Long Term Care and

Senior Care Emergency Medical Services Advisory [*Committee*] **Subcommittee**, shall:

(a) Coordinate with national health organizations involved in improving the quality of stroke, cardiac, trauma, pediatric, behavioral health and long term and senior care to avoid duplicative information 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 8. ORS 682.506 is amended to read:

682.506. (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 678.415 and in good standing.

(c) The members of the board who represent emergency medical services agencies **under 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 ORS 682.530.

(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 ORS 682.500 to 682.545.

SECTION 9. ORS 682.509 is amended to read:

682.509. (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 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 ORS 682.530.

(2) The 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 ORS 682.512;

(b) Emergency Medical Services Advisory Committee, as described in ORS 682.515;

(c) [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee**, as described in ORS 682.518; and

(d) Behavioral Health Emergency Medical Services Advisory Committee, as described in ORS 682.521.

SECTION 10. ORS 682.509, as amended by section 38, chapter 32, Oregon Laws 2024, is amended to read:

682.509. (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 ORS 682.530.

(2) The 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 **and subcommittee** 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 ORS 682.512;

(b) Emergency Medical Services Advisory Committee, as described in ORS 682.515;

(c) [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee**, as described in ORS 682.518;

(d) Behavioral Health Emergency Medical Services Advisory Committee, as described in ORS 682.521; and

(e) Long Term Care and Senior Care Emergency Medical Services Advisory [*Committee*] **Subcommittee**, as described in ORS 682.524.

SECTION 11. ORS 682.512 is amended to read:

682.512. (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 12. ORS 682.515 is amended to read:

682.515. (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*] **the Emergency Medical Services for Children Advisory Committee** 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 13. ORS 682.515, as amended by section 39, chapter 32, Oregon Laws 2024, is amended to read:

682.515. (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**, as informed by the Long Term Care and Senior Care Emergency Medical Services Advisory Subcommittee established under ORS 682.524,** 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*] **the Emergency Medical Services for Children Advisory Committee**, the Behavioral Health Emergency Medical Services Advisory Committee and the Long Term Care and Senior Care Emergency Medical Services Advisory [*Committee*] **Subcommittee** 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 14. ORS 682.518 is amended to read:

682.518. (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;*]

[*(f) One member who has experience as the project director of a statewide committee related to emergency medical services for children;*]

[*(g) One member who has experience as the program manager of a statewide committee related to emergency medical services for children;*]

[*(h)*] **(e)** One member who is a family representative; [*and*]

[*(i)*] **(f)** One member who represents a patient equity organization or is an academic professional specializing in health equity[*.*]**; and**

(g) The following who shall serve as ex officio nonvoting members:

(A) A representative of the Emergency Medical Services Program;

(B) An individual who has experience as the project director of a statewide committee related to emergency medical services for children; and

(C) An individual who has experience as the program manager of a statewide committee related to emergency medical services for children.

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

(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 **Emergency Medical Services for Children Advisory** 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 678.415 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 15. ORS 682.521 is amended to read:

682.521. (1) The Behavioral Health 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) Two members who are physicians specializing in the treatment of time-sensitive behavioral health medical emergencies;

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

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

(d) 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 time-sensitive behavioral health medical emergencies, including the following objectives:

(a) The integration of behavioral health emergency medical services into the Emergency Medical Services Program.

(b) The regionalization and improvement of care for time-sensitive behavioral health medical emergencies.

(c) The designation, using nationally recognized classifications where possible, of emergency medical services centers for the provision of care for time-sensitive behavioral health 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 may delegate the duties described in subsection (2) of this section to other existing bodies established by or within the authority if the delegation advances the implementation or ongoing oversight of the integration of behavioral health emergency medical services into the Emergency Medical Services Program.

[*(3)*] **(4)** With the advice of the committee, the authority shall:

(a) Employ or contract with professional, technical, research and clerical staff to implement this section.

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

(c) Provide advice and technical assistance to the Time-Sensitive Medical Emergencies Advisory Committee on the regionalization of emergency medical services for behavioral health patients.

(d) Establish guidelines for:

(A) The designation of specialized regional behavioral health critical care centers.

(B) Referring behavioral health patients to appropriate emergency or critical care centers.

(C) Necessary prehospital and other behavioral health emergency and critical care medical service equipment.

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

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

(F) Continuing professional education programs for emergency medical services personnel, including training in the emergency care of behavioral health patients across different demographics.

(G) A public education program concerning the emergency medical services for behavioral health patients, including information on emergency access telephone numbers.

(H) The collection and analysis of statewide behavioral health emergency and critical care medical services data from emergency and critical care medical services facilities for the purpose of quality improvement by those facilities, subject to relevant confidentiality requirements.

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

(J) Coordination and cooperation between providers of emergency medical services for behavioral health patients and other public and private organizations interested or involved in emergency and critical care for behavioral health.

[*(4)*] **(5)** The members of the **Behavioral Health Emergency Medical Services Advisory** Committee who are physicians must be physicians licensed under ORS chapter 677 who are in good standing.

[*(5)*] **(6)** 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 16. ORS 682.524 is amended to read:

682.524. (1) The Long Term Care and Senior Care Emergency Medical Services Advisory [*Committee*] **Subcommittee** is established in the Emergency Medical Services Advisory [*Board*] **Committee**. The [*committee*] **subcommittee** shall consist of members determined by the [*board*] **committee** 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;

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

(d) One member who is a hospital administrator in a hospital that operates an emergency department.

(2) The [*committee*] **subcommittee** shall provide advice and recommendations to the [*board*] **committee** regarding time-sensitive long term care and senior care medical emergencies on:

(a) The integration of long term care and senior care emergency medical services into the Emergency Medical Services Program.

(b) The regionalization and improvement of care for time-sensitive long term care and senior care medical emergencies.

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

(d) The management of time-sensitive long term care and senior care medical emergencies in residential care facilities, as defined in ORS 443.400, with a memory care endorsement issued under ORS 443.886.

(3) With the advice of the Long Term Care and Senior Care Emergency Medical Services Advisory [*Committee*] **Subcommittee**, the authority shall:

(a) Employ or contract with professional, technical, research and clerical staff to implement this subsection.

(b) Provide technical assistance to the Emergency Medical Services Advisory Committee on the integration of emergency medical services for long term and senior care patients into the Emergency Medical Services Program.

(c) Provide advice and technical assistance to the Time-Sensitive Medical Emergencies Advisory Committee on the regionalization of emergency medical services for long term care and senior care patients.

(d) Establish guidelines for:

(A) The categorization of specialized regional critical care centers and trauma care centers for long term care and senior care patients.

(B) Referring long term care and senior care patients to appropriate emergency or critical care centers.

(C) Necessary prehospital and other emergency and critical care medical service equipment for long term care and senior care patients.

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

(E) An interfacility transfer system for critically ill or injured long term care and senior care patients.

(F) Continuing professional education programs for emergency medical services personnel, including training in the emergency care of long term care and senior care patients across different demographics.

(G) A public education program concerning emergency medical services for long term care and senior care patients, including information on emergency access telephone numbers.

(H) The collection and analysis of statewide emergency and critical care medical services data from emergency and critical care medical services facilities for the purposes of quality improvement by those facilities with respect to long term care and senior care patients, subject to relevant confidentiality requirements.

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

(J) Coordination and cooperation between providers of emergency medical services for long term care and senior care patients and other public and private organizations interested or involved in emergency and critical care for long term care and senior care patients.

(4) 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 17. ORS 682.527 is amended to read:

682.527. (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*] **the Emergency Medical Services for Children Advisory Committee** 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 be-

havioral health 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*] **in accordance with the standard adopted under paragraph (a) of this subsection**.

(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.

SECTION 18. ORS 682.527, as amended by section 40, chapter 32, Oregon Laws 2024, is amended to read:

682.527. (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,*] **the Emergency Medical Services for Children Advisory Committee,** the Behavioral Health Emergency Medical Services Advisory Committee and the Long Term Care and Senior Care Emergency Medical Services Advisory [*Committee*] **Subcommittee**, 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*] **in accordance with the standard adopted under paragraph (a) of this subsection**.

(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 au-

thority any relevant nationally recognized classification standards and proposed classification standards described in subsection (1) of this section.

SECTION 19. ORS 682.530 is amended to read:

682.530. (1) The Oregon Health Authority shall, with the advice of the Emergency Medical Services Advisory Board, designate emergency medical services regions that are consistent with local resources, geography, current patient referral patterns and existing regionalized health care structures and networks. The authority and the Emergency Medical Services Advisory Board shall establish a regional emergency medical services advisory board for each designated emergency medical services region. The authority and the Emergency Medical Services Advisory Board may determine the membership of each regional emergency medical services advisory board, and shall ensure that the membership reflects the geographic, cultural, linguistic and economic diversity of the emergency medical services region.

(2) Each emergency medical services region must include at least one hospital categorized according to the emergency medical services region's emergency medical services capabilities as determined by standards adopted by the authority by rule.

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

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

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

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

(4) Each regional emergency medical services system plan:

(a) Must include the following:

(A) A recommendation of hospitals in the emergency medical services region to be designated by the authority as emergency medical services centers under ORS 682.527;

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

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

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

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

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

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

(5) The authority may, with the advice of the Emergency Medical Services Advisory Board, implement the regional emergency medical services plans and may coordinate with a regional emergency medical services advisory board to make changes desired by the authority to the regional emergency medical services advisory [*board*] **plan**.

SECTION 20. ORS 682.533 is amended to read:

682.533. (1) The Emergency Medical Services Program, upon the recommendation of the Emergency Medical Services Advisory Board, shall establish and maintain an emergency medical services data system. In formulating recommendations, the board shall consider the advice of the Time-

Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, [*the Pediatric Emergency Medical Services Advisory Committee*] **the Emergency Medical Services for Children Advisory Committee** and the Behavioral Health Emergency Medical Services Advisory Committee. The Oregon Health Authority shall adopt rules for the data system described in this subsection to establish:

(a) The information that must be reported to the data system;

(b) A process for the oversight of the data system and the reporting of information to the data system;

(c) The form and frequency of reporting information:

(A) To the data system, the authority and the board; and

(B) From the data system to health care facilities and providers that report information to the data system; and

(d) The procedures and standards for the administration and maintenance of the data system.

(2) In determining the information described in subsection (1)(a) of this section, the authority shall require the reporting of information recommended by the board following consultation with the committees.

(3) The data system established under this section must:

(a) Use nationally accredited data registry systems approved by the authority where available**, or use established data systems authorized and managed by the authority**;

(b) Have security measures in place to protect individually identifiable information;

(c) Allow the authority to export data stored in the system;

(d) Be used for quality assurance, quality improvement, epidemiological assessment and investigation, public health implementation, critical response planning, prevention activities and other purposes as the authority determines necessary; and

(e) Meet other requirements established by the authority by rule.

(4) If no relevant nationally accredited data registry system is available, the authority shall convene an advisory committee of stakeholders, including but not limited to state and community partners, to develop a proposal for the establishment of a data system. The advisory committee convened under this subsection shall prioritize high-quality patient care outcomes in all decision-making.

(5) The authority may not require:

(a) That a health care facility adopt a specific registry unless that registry is required for the specific categorization or designation that the health care facility seeks to obtain.

(b) The reporting of data that is not otherwise required of a health care facility in order for the health care facility to obtain a specific categorization or designation that the health care facility seeks to obtain.

(6) The authority may access and extract data from any registry that a health care facility has adopted for purposes of obtaining a specific categorization or designation, and may use data described in this subsection in the data system established under this section.

(7) The Emergency Medical Services Program shall make recommendations to:

(a) Health care facilities for the adoption of specific registries and services from the data system established under this section for the purpose of health care facility categorization; and

(b) Emergency medical services providers for the adoption of specific registries and services from the data system established under this section for the purpose of sharing emergency medical services data with the authority.

(8) The authority may request the inclusion of demographic data from patients who receive emergency medical care from a health care facility or emergency medical services provider, including but not limited to the patients':

(a) Age;

(b) Sex;

(c) Gender;

(d) Race and ethnicity;

(e) Status as a disabled person;

(f) Status as a veteran; and

(g) Zip code and emergency medical services region of residence.

(9) As used in this section, "individually identifiable information" means:

(a) Individually identifiable health information as that term is defined in ORS 179.505; and

(b) Information that could be used to identify a health care provider, emergency medical services agency or health care facility.

SECTION 21. Section 32, chapter 32, Oregon Laws 2024, is amended to read:

Sec. 32. (1) The Emergency Medical Services Advisory Board, the Time-Sensitive Medical Emergencies Advisory Committee, the [*Pediatric Emergency Medical Services Advisory Committee*] **Emergency Medical Services for Children Advisory Committee** and the Behavioral Health Emergency Medical Services Advisory Committee may hold their first meetings no earlier than January 1, 2025.

(2)(a) The emergency medical services regions established under [*section 11 of this 2024 Act*] **ORS 682.530** may hold their first meetings no earlier than January 1, 2026.

(b) The emergency medical services regions shall develop the regional emergency medical services system plans not later than January 1, [*2027*] **2029**.

SECTION 22. Section 44, chapter 32, Oregon Laws 2024, is amended to read:

Sec. 44. (1) [*Section 36 of this 2024 Act*] **ORS 682.524**, the amendments to [*sections 3, 5, 7 and 10 of this 2024 Act*] **ORS 682.503, 682.509, 682.515 and 682.527** by sections 37 to 40 [*of this 2024 Act*]**, chapter 32, Oregon Laws 2024**, the amendments to ORS 146.015 and 441.020 by sections 41 and 42 [*of this 2024 Act*]**, chapter 32, Oregon Laws 2024,** and the repeal of ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525 and 431A.530 by section 43 [*of this 2024 Act*]**, chapter 32, Oregon Laws 2024,** become operative on January 1, [*2027*] **2029**.

(2) The Department of Human Services, the Oregon Health Authority and the State Medical Examiner Advisory Board may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority, board and department 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, board and department by [*section 36 of this 2024 Act*] **ORS 682.524**, the amendments to [*sections 3, 5, 7 and 10 of this 2024 Act*] **ORS 682.503, 682.509, 682.515 and 682.527** by sections 37 to 40 [*of this 2024 Act*], **chapter 32, Oregon Laws 2024,** the amendments to ORS 146.015 and 441.020 by sections 41 and 42 [*of this 2024 Act*]**, chapter 32, Oregon Laws 2024,** and the repeal of ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525 and 431A.530 by section 43 [*of this 2024 Act*], **chapter 32, Oregon Laws 2024**.

SECTION 23. Section 45, chapter 32, Oregon Laws 2024, as amended by section 4, chapter 485, Oregon Laws 2025, is amended to read:

Sec. 45. The Director of the Oregon Health Authority may appoint to the Long Term Care and Senior Care Emergency Medical Services Advisory [*Committee*] **Subcommittee** members of the Senior Emergency Medical Services Council established under section 1, chapter 616, Oregon Laws 2021.

SECTION 24. The amendments to ORS 682.506 and 682.518 by sections 8 and 14 apply to members appointed to the Emergency Medical Services Advisory Board and the Emergency Medical Services for Children Advisory Committee on or after the operative date specified in section 25 of this 2026 Act.

SECTION 25. (1) The amendments to ORS 682.500, 682.503, 682.506, 682.509, 682.512, 682.515, 682.518, 682.521, 682.527, 682.530 and 682.533 and section 32, chapter 32, Oregon Laws 2024, by sections 5 to 15 and 17 to 21 of this 2026 Act, become operative on January 1, 2027.

(2) 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 the amendments to ORS 682.500, 682.503, 682.506, 682.509, 682.512, 682.515, 682.518, 682.521, 682.527, 682.530 and 682.533 and section 32, chapter 32, Oregon Laws 2024, by sections 5 to 15 and 17 to 21 of this 2026 Act.

EMERGENCY MEDICAL SERVICES EDUCATION

SECTION 26. ORS 682.017 is amended to read:

682.017. The Oregon Health Authority shall adopt rules in accordance with ORS chapter 183 that include, but are not limited to:

(1) Requirements relating to the types and numbers of emergency vehicles, including supplies and equipment carried.

(2) Requirements for the operation and coordination of ambulances and other emergency care systems.

(3) Criteria for the use of two-way communications.

(4) Procedures for summoning and dispatching aid.

(5) Requirements that ambulance services report patient encounter data to the emergency medical services data system established under ORS 682.533. The requirements must specify the data that an ambulance service must report, the form and frequency of the reporting and the procedures and standards for the administration of the data system.

(6) Levels of licensure for emergency medical services providers. The lowest level of emergency medical services provider licensure must be an emergency medical responder license.

(7) Minimum education requirements for licensure as an emergency medical services provider.

[*(7)*] **(8)** Other rules as necessary to carry out the provisions of this chapter.

SECTION 27. ORS 682.204 is amended to read:

682.204. (1)**(a)** A person may not act as an emergency medical services provider unless the person is licensed under this chapter.

(b) A person may not use the following titles or initials unless the person is licensed under this chapter at a level that corresponds to the title or initials:

(A) Emergency medical services provider;

(B) Emergency medical responder;

(C) Emergency medical technician;

(D) Advanced emergency medical technician;

(E) Emergency medical technician-intermediate;

(F) Paramedic;

(G) EMR;

(H) EMT;

(I) EMT-I; or

(J) AEMT.

(2) A person or governmental unit [*which*] **that** operates an ambulance may not authorize [*a*] **another** person to act for [*it*] **the person or governmental unit** as an emergency medical services provider unless the emergency medical services provider is licensed under this chapter.

(3) A person or governmental unit may not operate or allow to be operated in this state any ambulance unless [*it*] **the ambulance** is operated with at least one emergency medical services provider who is licensed at a level higher than emergency medical responder.

(4) It is a defense to any charge under this section that there was a reasonable basis for believing that the performance of services contrary to this section was necessary to preserve human life, that diligent effort was made to obtain the services of a licensed emergency medical services provider and that the services of a licensed emergency medical services provider were not available or were not available in time as under the circumstances appeared necessary to preserve such human life.

(5) Subsections (1) to (3) of this section [*are not applicable*] **do not apply** to any individual, group of individuals, partnership, entity, association or other organization otherwise subject thereto providing a service to the public exclusively by volunteer unpaid workers, nor to any person who acts as an ambulance attendant therefor, provided that in the particular county in which the service is rendered, the county court or board of county commissioners has by order, after public hearing, granted exemption from such subsections to the individual, group, partnership, entity, association or organization.

(6)(a) Subsection (1) of this section does not apply to a student who provides emergency care or nonemergency care in this state under the supervision of a qualified supervisor and as part of the clinical component of an emergency medical services course:

(A) Offered by a school located in this state and approved by the Oregon Health Authority;

(B) Offered by a school located in another state if the school meets the requirements of the Higher Education Coordinating Commission to qualify a student for application for licensure under this chapter; or

(C) Offered by a school located in another state if the course meets the requirements of the emergency medical services licensing body to qualify a student for application for emergency medical services licensure in that state.

(b) A student enrolled in a course described in this subsection may use the title and initials specified in subsection (1) of this section for the level of license for which the student is in training.

(7) When exemption is granted under this section, any person who attends an individual who is ill or injured or who has a disability in an ambulance may not purport to be an emergency medical services provider.

SECTION 28. ORS 682.208 is amended to read:

682.208. (1) A person desiring to be licensed as an emergency medical services provider shall submit an application for licensure to the Oregon Health Authority. The application must be upon forms prescribed by the authority and must contain:

(a) The name and address of the applicant.

(b) The name and location of the training course successfully completed by the applicant and the date of completion.

(c) Evidence that the authority determines is satisfactory to prove that the applicant's physical and mental health is such that it is safe for the applicant to act as an emergency medical services 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 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*] **rules to establish** minimum educational requirements in emergency and nonemergency care for emergency medical services providers **for licensure**. 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 29. (1) The amendments to ORS 682.017, 682.204 and 682.208 by sections 26 to 28 of this 2026 Act become operative on January 1, 2027.

(2) 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 the amendments to ORS 682.017, 682.204 and 682.208 by sections 26 to 28 of this 2026 Act.

CAPTIONS

SECTION 30. The unit captions used in this 2026 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2026 Act.

EFFECTIVE DATE

SECTION 31. This 2026 Act takes effect on the 91st day after the date on which the 2026 regular session of the Eighty-third Legislative Assembly adjourns sine die.