EMERGENCY MEDICAL TECHNICIAN ADVISORY COMMITTEE
Friday, December 8, 2006 at 9:00 AM
BOARD APPROVED 01/12/07
Pending Committee Approval

BOARD OF MEDICAL EXAMINERS
1500 SW 1st Ave, Suite 620
Portland, Oregon 97201

MEMBERS PRESENT

Paul S. Rostykus, MD, Chair
Toni R. Grimes, EMT-P
Rose Howe, EMT-I
Dave Lapof, EMT-B
Gregory Lorts, MD

STAFF PRESENT:

Kathleen Haley, Executive Director
Diana Dolstra, Licensing Manager
Jennifer Lannigan, Licensing Coordinator

GUESTS

Peggy Andrews, Chemeketa Community College
Denise Giard, Albany Fire
Nic Granum, OVFA
Grant Higginson, MD, DHS SPHD
Randy Jackson, Keizer Fire District
Luke Kieffer, Tualatin Valley Fire & Rescue
Gregg Lander, Chemeketa Community College
Gary McLean, OSPA
Ritu Sahni, MD, Lake Oswego Fire/OHSU
Linda Thomas

AGENDA

Approve minutes of the September 8, 2006 EMT Advisory Committee meeting

Final review of OAR 847-035-0030 Scope of Practice
    Add administration of immunizations under certain conditions to EMT-I scope of practice

Addition of TB skin testing to EMT-I scope of practice in event of outbreak or epidemic

Definition of prehospital and nonemergency care per ORS 682

CHEMPACK auto-injectors – Paul Rostykus, MD
Proposed change to EMT-B scope of practice

Continuous Positive Airway Pressure (CPAP) / Bilevel Positive Airway Pressure (BiPAP):
Which level of EMT can use these devices?

First review of OAR 847-035-0030 (6) Scope of Practice
Adds physician assistants to the health care providers that can sign a life-sustaining treatment order

EMS Office update – Grant Higginson, MD, MPH, Acting Director of EMS & Trauma

Other business
EKGs
National scope of practice
EMT-I scope of practice: Fentanyl

Future meeting dates

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Paul Rostykus, MD, Chair, called the meeting to order at 9:00 AM.

APPROVE MINUTES OF THE SEPTEMBER 8, 2006 EMT ADVISORY COMMITTEE MEETING

It was moved and seconded that

THE EMT ADVISORY COMMITTEE APPROVES THE MINUTES OF THE SEPTEMBER 8, 2006 EMT ADVISORY COMMITTEE MEETING.

Motion passed unanimously.

FINAL REVIEW OAR 847-035-0030 SCOPE OF PRACTICE ***EXHIBIT A***

It was moved and seconded that

THE EMT ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE ADDING THE ADMINISTRATION OF IMMUNIZATIONS TO THE EMT-I SCOPE OF PRACTICE UNDER OAR 847-035-0030 (10).

Motion passed unanimously.

ADDITION OF TUBERCULIN (TB) SKIN TESTING TO EMT-I SCOPE OF PRACTICE IN EVENT OF OUTBREAK OR EPIDEMIC

The Committee determined there was no need to go forward with this issue as TB testing is only needed on initial hire and upon exposure, EMS agencies are not pushing for it, and there is a low prevalence of TB in the majority of the population in Oregon.

DEFINITION OF PREHOSPITAL AND NONEMERGENCY CARE PER ORS 682

The Committee determined this issue had been previously addressed by the Committee and there was no further business to address at this time.

CHEMPACK AUTO-INJECTORS ***EXHIBIT B***

Dr. Rostykus stated that there is a protocol for how to use CHEMPACKs and who can use them. He also stated that EMT-Ps can use CHEMPACKs under their scope of practice but asked if EMT-Bs and EMT-Is are trained to use them. He also asked if the current language in the rules for the EMT-B scope of practice, OAR 847-035-0030 (9)(m), is sufficient to effectively use the CHEMPACKs in the event that the supervising physician is unavailable to the phone or radio or an EMT-P is not on the scene. Dr. Rostykus proposed the following language to replace the current language in OAR 847-035-0030 (9)(m):

> (9)(m) In the event of a release of organophosphate nerve agents, administer atropine sulfate, prolidoxime chloride, or diazepam by autoinjector from the CDC's Strategic National Stockpile (SNS) CHEMPACK cache.

Dr. Lorts asked if EMT-Bs are trained to use CHEMPACKs. Peggy Andrews said EMT-Bs are trained to use autoinjectors and that CHEMPACKs come as autoinjectors.

Committee members clarified that the issue being currently addressed by the Committee regarding the use of CHEMPACKs by EMT-Bs is separate from the use of such in the event of a release of military chemical warfare agents from the Umatilla Army Depot, which is covered in OAR 847-035-0030 (l).

Dr. Rostykus asked which agencies are carrying autoinjectors. Ritu Sahni, MD, stated that most agencies are carrying them but many agencies have EMT-Ps. Nic Granum added that EMT-Bs carry them too on some engines, yet there is an EMT-P on every engine. Luke Kieffer indicated that, for Tualatin Valley Fire and Rescue, two kits are carried on engines – a self kit containing two autoinjectors for use on agency personnel and a larger cache box for use on patients. Mr. Kieffer explained that EMT-Bs are trained just as paramedics are in the use of autoinjectors; they take the same class, about an hour a year every year, and are taught signs and symptoms.

Dr. Lorts pointed out that the language recommended by Dr. Rostykus above makes no reference to training or recognition of skills for the EMT-Bs, yet added that he understands the need to be able to effectively use the CHEMPACKs.

Rose Howe stated that in remote regions of the state an EMT-B on scene would not have immediate access by radio or telephone to the supervising physician and there would be no EMT-P on scene. She added that for that reason she would be opposed to requiring the EMT-B to get in touch with the online medical control before being able to use the autoinjector.

Randy Jackson said it seems to make sense to leave it protocol-driven for each agency and supervising physician to determine.

Dave Lapof recommended striking subsection (A) from (9)(m), which is the requirement that the supervising physician provide the EMT-B with a direct, verbal order. Dr. Lorts recommended striking subsection (B) from (9)(m) as well, which is the requirement that the EMT-B be under the direction of an EMT-P on scene. The Committee reached consensus that removing these subsections would not jeopardize the safety of the public as (9)(m) is only in the event of a release of chemical agents.

Dr. Lorts recommended that, although diazepam is included in the CHEMPACKs, the EMT-B scope exclude diazepam at this time as the EMT-B curriculum does not include pharmacology and a medical decision would be necessary to administer diazepam.

It was moved and seconded that

THE EMT ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS AMEND OAR 847-035-0030 (9)(m) TO REPLACE THE TERM "CHEMICAL AGENTS" WITH THE TERM "ORGANOPHOSPHATE AGENTS" AND TO REMOVE THE REQUIREMENT THAT EITHER THE SUPERVISING PHYSICIAN PROVIDE THE EMT-BASIC WITH A DIRECT VERBAL ORDER OR THAT THE EMT-BASIC BE UNDER THE DIRECTION OF AN EMT-PARAMEDIC ON THE SCENE WHEN AN EMT-BASIC ADMINISTERS ATROPINE SULFATE AND PRALIDOXIME CHLORIDE BY AUTOINJECTOR.

Motion passed unanimously.

ACTION PLAN: Staff to draft revision to OAR 847-035-0030 (9)(m) as indicated in the above motion to reflect that first review has occurred.

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) / BILEVEL POSITIVE AIRWAY PRESSURE (BIPAP)

Dr. Rostykus asked what levels of EMT can use the CPAP and BiPAP devices. Toni Grimes indicated that EMT-Bs can use these devices under the current scope of practice. There was no further discussion.

FIRST REVIEW OF OAR 847-035-0030 (6) SCOPE OF PRACTICE ***EXHIBIT B***

Diana Dolstra explained that the Board of Medical Examiners had previously approved physician assistants to be added to the health care providers that can sign a life-sustaining treatment order, and the EMT administrative rules need to be changed accordingly.

It was moved and seconded that

THE EMT ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS AMEND OAR 847-035-0030 (6) TO ADD PHYSICIAN ASSISTANTS TO THE HEALTH CARE PROVIDERS WHO CAN SIGN A LIFE-SUSTAINING TREATMENT ORDER.

Motion passed unanimously.

DHS EMS OFFICE UPDATE ***EXHIBIT C***

Grant Higginson, MD, acting Director of DHS-EMS & Trauma, presented a summary of several issues relevant to the DHS EMS office, including administrative rules revision, recruitment, and legislative update.

Regarding administrative rules revisions, Dr. Higginson relayed that a recent public hearing on OAR Chapter 333 Divisions 250 and 255 relating to ambulances and ambulance services went well and the rules should be filed in the next few weeks. He said the input from the EMS Advisory Team regarding revision to OAR Chapter 333 Division 265 relating to EMTs should be incorporated by the end of the month and filed by early 2007.

Regarding recruitment for EMS positions, Dr. Higginson indicated openings for the EMS Director and EMS Medical Director positions have been posted. He shared that DHS will do a national recruitment for the Prehospital Manager position that should take 6-12 months. In the interim they will place a general manager in the position, Liz Morgan, Compliance Specialist III, will take on some lead responsibilities and Susan Werner, Trauma and Tertiary Care Program Manager, will assist in providing technical expertise. He said the Compliance Specialist II position was offered to a candidate yesterday. He shared that the EMS Children's Coordinator position, currently a Public Health Nurse II position, will be reclassified so the position does not have to be a nurse to see if this will increase the candidate pool and ultimately improve retention.

Dr. Higginson provided a copy of a draft Legislative Concept (LC 623) (***Exhibit C***) resulting from the National Highway Traffic Safety Administration (NHTSA) assessment and Advisory Team recommendations. The draft of LC 623 is also available on the EMS website under Current Topics at http://egov.oregon.gov/DHS/ph/ems/index.shtml.

Dr. Higginson highlighted many key areas of LC 623 by section. Overall there are 11 new positions proposed for DHS EMS and Trauma Systems. Section 2 more specifically defines the general duties and scope of authority of EMS and Trauma Systems programs, covering all providers and vehicles, the development of a comprehensive EMS plan for systems of care for all

life-threatening illness and functional robust data systems linked to quality improvements, and the section adds the EMS Medical Director position in statute. Section 4 addresses more comprehensive definitions, such as emergency and nonemergency care. Sections 5 through 9 create and identify responsibilities for an umbrella Critical Illness and Serious Injury Steering Committee as well as a Children's Medical Committee. Sections 10 and 11 address reporting data, developing a robust comprehensive system to access, maintain confidentiality of, analyze and report data, and maintain that trauma systems reporting continues to be mandatory but is voluntary for prehospital systems. Section 12 expands the EMS enhanced reimbursement authority for hospitals and ambulance services given availability of funds.

Sections 15 through 18 establish an 11-member Board of Emergency Responders within DHS with authority and responsibility for licensing and governance of First Responders and EMTs. These sections specify that the EMS Director would be the Executive Director of the Board of Emergency Responders. These sections also identify that the EMT scope of practice will remain under the authority of the Board of Medical Examiners and the teaching institute accreditation would continue to be the responsibility of the Board of Education, but DHS EMS would have much greater responsibility overall.

Sections 19 through 37 address housekeeping generally. Sections 39 through 46 address the authority for an EMS strike team approach to respond to disasters with the Governor's declaration (similar to the Conflagration Act (ORS 476.510)), with EMS and Trauma Systems having responsibility for developing and helping to implement a plan. Dr. Higginson relayed two benefits of the strike team approach are the inclusion of a payment provision and the fact that liability while providing services is covered.

In terms of the legislative timeframe and process from this point forward, Dr. Higginson shared that DHS EMS will get feedback from major stakeholders and needs a broad coalition to pass the proposed legislation. He requested that the BME EMT Committee give feedback by the end of the year. Kathleen Haley indicated she will also share LC 623 with the BME Legislative Council. If passed, the proposed legislation would take effect January 1, 2008.

ACTION PLAN: Schedule conference call for BME EMT Advisory Committee to discuss LC 623 in order to provide feedback to DHS EMS before end of December 2006. Each BME EMT Committee member should email individual feedback to Diana Dolstra by December 22, 2006.

OTHER BUSINESS

EKGs

Dr. Rostykus asked if EMT provider levels other than EMT-Ps can do 12-lead EKGs and transmit them. He indicated that EMT-Is can interpret electrocardiographic monitoring under the current scope of practice. Members of the Committee and members of the public shared differing opinions regarding whether the current scope of practice allows EMT-Bs and/or EMT-Is to read or transmit 12-lead EKGs.

Peggy Andrews stated that EMT-Is should be able to interpret basic rhythms but added that the EMT-I curriculum team stayed away from specifying the use of a 3-lead or 12-lead for monitoring. She stated that agencies could provide additional training to EMT-Is to allow interpretation of a 12-lead. She added, however, that it would be worrisome to have EMT-Is read 12-leads and base treatment on that as the machine's automatic interpretation may not always be as accurate as it could be.

Rose Howe stated that the majority of individuals who put leads on and run the EKG monitors in hospitals in the rural areas of the state are technicians who do not know what the automatic interpretation says.

Dr. Ritu Sahni indicated that his agency trains EMT-Bs to put leads on but leaves interpretation to EMT-Ps. He said putting leads on is a noninvasive test and as such falls within the EMT-B scope, yet a caveat is that his agency has had two false positives in the last year due to bad tracings. He added that a small study has been done within the last year on this issue and yielded the conclusion that EMT-Bs can perform 12-lead EKGs and transmit them in a rural setting.

The Committee clarified that putting the leads on and transmitting to the hospital, which EMT-Bs can do, is different from interpretation of the rhythm. Dr. Rostykus ended the discussion by indicating the EMT-I scope states, "initiate electrocardiographic monitoring and interpret presenting rhythm," but it is still not clear if EMT-Is can do 12-lead EKGs.

National Scope of Practice

Dr. Ritu Sahni relayed the EMS NHTSA national scope of practice model (final draft) is soon to be in effect, perhaps in a year or two. He recommended the BME EMT Advisory Committee review the final draft of the national model to see where the Oregon scope differs from the national scope and assess if any changes are called for, particularly for the EMT-B and EMT-P scope, as the national registry examination is not used in Oregon for EMT-I certification.

Dave Lapof indicated he forwarded the draft of the national model to the EMT Committee members and noted that, while it is important to stay abreast of the draft model, it is difficult to take action on the national model until it is officially in effect.

ACTION PLAN: EMT Committee members to review final draft of national scope of practice model and compare it with the BME scope of practice at the next Committee meeting. Committee members to contact Dave Lapof for a copy of the national model if needed. Put review of the final draft of the national model on the agenda of the next Committee meeting.

EMT-I Scope of Practice: Fentanyl

Dr. Lorts indicated that in Multnomah County as of January 1, 2007 EMT-Ps will be switching their pain-related analgesic from morphine to fentanyl. He inquired if this would cause a conflict with the current EMT-I scope of practice, as the current scope dictates that

EMT-Is can only administer morphine as an opiate, yet EMT-Ps on the scene would be administering fentanyl. He said this could cause confusion and increase risk for patient safety. He asked if the EMT-I scope could be broadened to allow administration of fentanyl.

Peggy Andrews stated that when new EMT-I curriculum went into effect, the curriculum team asked of stakeholder groups that no changes be made to the new curriculum for two years so that an assessment could be made of the effectiveness of the new curriculum. As such, she recommended that the EMT Committee hold off on this review for another year.

Dr. Sahni indicated that agencies could carry both substances if they have both EMT-Ps and EMT-Is on staff, noting cost, space and patient safety considerations.

It was highlighted that in situations where agencies may be interacting and potentially administering different substances, communication amongst the supervising physicians and agency staff is critical to avoid delays in pain management.

FUTURE MEETING DATES

The next meetings of the EMT Advisory Committee were scheduled for February 9, 2007, May 11, 2007, and August 24, 2007.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 11 AM.

EXHIBIT A

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 035 - BOARD OF MEDICAL EXAMINERS

PROPOSED RULES CHANGES – JANUARY 2007

FINAL REVIEW BY THE BOARD

The proposed rule adds the administration of immunizations under the supervising physician's standing order to the EMT-Intermediate scope of practice in the event of an outbreak or epidemic as declared by the Governor and as part of an EMS Agency's occupational health program.

847-035-0030

Scope of Practice

(1) The Board of Medical Examiners has established a scope of practice for emergency and nonemergency care for First Responders and EMTs. First Responders and EMTs may provide emergency and nonemergency care in the course of providing prehospital care as an incident of the operation of ambulance and as incidents of other public or private safety duties, but is not limited to "emergency care" as defined in OAR 847-035-0001 (5).

(2) The scope of practice for First Responders and EMTs is not intended as statewide standing orders or protocols. The scope of practice is the maximum functions which may be assigned to a First Responder or EMT by a Board-approved supervising physician.

(3) Supervising physicians may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.

(4) Standing orders for an individual EMT may be requested by the Board or Section and shall be furnished upon request.

(5) No EMT may function without assigned standing orders issued by Board-approved supervising physician.

(6) An Oregon-certified First Responder or EMT, acting through standing orders, shall respect the patient's wishes including life-sustaining treatments. Physician supervised First Responders and EMTs shall request and honor life-sustaining treatment orders executed by a physician or a nurse practitioner, if available. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.

(7) The scope of practice for emergency and nonemergency care established by the Board for First Responders is intended as authorization for performance of procedures by First Responders without direction from a Board-

approved supervising physician, except as limited by subsection (2) of this rule. A First Responder may perform the following emergency care procedures without having signed standing orders from a supervising physician:

(a) Conduct primary and secondary patient examinations;

(b) Take and record vital signs;

(c) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;

(d) Open and maintain an airway by positioning the patient's head;

(e) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(f) Provide care for soft tissue injuries;

(g) Provide care for suspected fractures;

(h) Assist with prehospital childbirth; and

(i) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior EMT with the transporting ambulance.

(8) A First Responder may perform the following procedures only when the First Responder is providing emergency care as part of an agency which has a Board-approved supervising physician who has issued written standing orders to that First Responder authorizing the following:

(a) Administration of medical oxygen;

(b) Open and maintain an airway through the use of a nasopharyngeal and a noncuffed oropharyngeal and pharyngeal suctioning devices;

(c) Operate a bag mask ventilation device with reservoir;

(d) Provision of care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia; and

(e) Administer epinephrine by automatic injection device for anaphylaxis;

(f) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the First Responder:

(A) Has successfully completed a Section- approved course of instruction in the use of the automatic or semi-automatic defibrillator; and

(B) Complies with the periodic requalification requirements for automatic or semi-automatic defibrillator as established by the Section.

(9) An Oregon-certified EMT-Basic may perform emergency and nonemergency procedures. Emergency care procedures shall be limited to the following basic life support procedures:

(a) Perform all procedures that an Oregon-certified First Responder can perform;

(b) Ventilate with a non-invasive positive pressure delivery device;

(c) Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:

(A) A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or

(B) A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.

(d) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(e) Provide care for suspected shock, including the use of the pneumatic anti-shock garment;

(f) Provide care for suspected medical emergencies, including:

(A) Obtaining a capillary blood specimen for blood glucose monitoring;

(B) Administer epinephrine by subcutaneous injection or automatic injection device for anaphylaxis;

(C) Administer activated charcoal for poisonings; and

(D) Administer aspirin for suspected myocardial infarction.

(g) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;

(h) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;

(i) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician;

(j) Complete a clear and accurate prehospital emergency care report form on all patient contacts;

(k) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT-Basic is summoned to assist that patient; and

(l) In the event of a release of military chemical warfare agents from the Umatilla Army Depot, the EMT-Basic who is a member or employee of an EMS agency serving the DOD-designated Immediate Response Zone who has

completed a Section-approved training program may administer atropine sulfate and pralidoxime chloride from a Section-approved pre-loaded auto-injector device, and perform endotracheal intubation, using protocols promulgated by the Section and adopted by the supervising physician. 100% of EMT-Basic actions taken pursuant to this section shall be reported to the Section via a copy of the prehospital emergency care report and shall be reviewed for appropriateness by Section staff and the Subcommittee on EMT Certification, Education and Discipline.

(m) In the event of a release of chemical agents the EMT-Basic, who has completed Section-approved training, may administer atropine sulfate and pralidoxime chloride, using protocols approved by the Section and adopted by the supervising physician, if:

(A) The supervising physician provides the EMT-Basic with a direct, verbal order through radio or telephone contact, or

(B) The EMT-Basic is under the direction of an EMT-Paramedic who is on the scene.

(10) An Oregon-certified EMT-Intermediate may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to the following:

(a) Perform all procedures that an Oregon-certified EMT-Basic can perform;

(b) Initiate and maintain peripheral intravenous (I.V.) lines;

(c) Initiate and maintain an intraosseous infusion;

(d) Initiate saline or similar locks;

(e) Draw peripheral blood specimens;

(f) Administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

(A) Physiologic isotonic crystalloid solution.

(B) Vasoconstrictors:

(i) Epinephrine

(ii) Vasopressin;

(C) Antiarrhythmics:

(i) Atropine sulfate,

(ii) Lidocaine,

(iii) Amiodarone;

(D) Antidotes:

(i) Naloxone hydrochloride;

(E) Antihypoglycemics:

(i) Hypertonic glucose,

(ii) Glucagon;

(F) Vasodilators:

(i) Nitroglycerine;

(G) Nebulized bronchodilators:

(i) Albuterol,

(ii) Ipratropium bromide;

(H) Analgesics:

(i) Morphine,

(ii) Nalbuphine Hydrochloride,

(iii) Ketorolac tromethamine;

(I) Antihistamine:

(i) Diphenhydramine;

(J) Diuretic:

(i) Furosemide;

(g) Administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order;

(h) Administer routine or emergency immunizations, as part of an EMS Agency's occupational health program, to the EMT's EMS agency personnel, under the supervising physician's standing order.

[~~(g)~~] **(i)** Insert an orogastric tube;

[~~(h)~~] **(j)** Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, and if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, nurse practitioner or physician assistant at the sending medical facility;

[~~(i)~~] **(k)** Initiate electrocardiographic monitoring and interpret presenting rhythm;

[~~(j)~~] **(l)** Perform cardiac defibrillation with a manual defibrillator.

(11) An Oregon-certified EMT-Paramedic may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to:

(a) Perform all procedures that an Oregon-certified EMT-Intermediate can perform;

(b) Initiate the following airway management techniques:

(A) Endotracheal intubation;

(B) Tracheal suctioning techniques;

(C) Cricothyrotomy; and

(D) Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway.

(c) Initiate a nasogastric tube;

(d) Provide advanced life support in the resuscitation of patients in cardiac arrest;

(e) Perform emergency cardioversion in the compromised patient;

(f) Attempt external transcutaneous pacing of bradycardia that is causing hemodynamic compromise;

(g) Initiate needle thoracentesis for tension pneumothorax in a prehospital setting;

(h) Initiate placement of a femoral intravenous line when a peripheral line cannot be placed;

(i) Initiate placement of a urinary catheter for trauma patients in a prehospital setting who have received diuretics and where the transport time is greater than thirty minutes; and

(j) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.

(12) The Board has delegated to the Section the following responsibilities for ensuring that these rules are adhered to:

(a) Designing the supervising physician and agent application;

(b) Approving a supervising physician or agent; and

(c) Investigating and disciplining any EMT or First Responder who violates their scope of practice.

(d) The Section shall provide copies of any supervising physician or agent applications and any EMT or First Responder disciplinary action reports to the Board upon their request.

(13) The Section shall immediately notify the Board when questions arise regarding the qualifications or responsibilities of the supervising physician or agent of the supervising physician.

EXHIBIT B

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 035 - BOARD OF MEDICAL EXAMINERS

PROPOSED RULES CHANGES – JANUARY 2007

FIRST REVIEW BY THE BOARD

The proposed rule 1) adds physician assistants to the health care providers who can sign a life-sustaining treatment order; and 2) replaces the term "chemical agents" with the term "organophosphate agents" and removes the requirement that either the supervising physician provide the EMT-Basic with a direct verbal order or that the EMT-Basic be under the direction of an EMT-Paramedic on the scene when an EMT-Basic administers atropine sulfate and pralidoxime chloride by autoinjector.

847-035-0030

Scope of Practice

(1) The Board of Medical Examiners has established a scope of practice for emergency and nonemergency care for First Responders and EMTs. First Responders and EMTs may provide emergency and nonemergency care in the course of providing prehospital care as an incident of the operation of ambulance and as incidents of other public or private safety duties, but is not limited to "emergency care" as defined in OAR 847-035-0001 (5).

(2) The scope of practice for First Responders and EMTs is not intended as statewide standing orders or protocols. The scope of practice is the maximum functions which may be assigned to a First Responder or EMT by a Board-approved supervising physician.

(3) Supervising physicians may not assign functions exceeding the scope of practice; however, they may limit the functions within the scope at their discretion.

(4) Standing orders for an individual EMT may be requested by the Board or Section and shall be furnished upon request.

(5) No EMT may function without assigned standing orders issued by Board-approved supervising physician.

(6) An Oregon-certified First Responder or EMT, acting through standing orders, shall respect the patient's wishes including life-sustaining treatments. Physician supervised First Responders and EMTs shall request and honor life-sustaining treatment orders executed by a physician**,** [~~or a~~] nurse practitioner[~~,~~] **or physician assistant** if available. A patient with life-sustaining treatment orders always requires respect, comfort and hygienic care.

(7) The scope of practice for emergency and nonemergency care established by the Board for First Responders is intended as authorization for performance of procedures by First Responders without direction from a Board-approved supervising physician, except as limited by subsection (2) of this rule. A First Responder may perform the following emergency care procedures without having signed standing orders from a supervising physician:

(a) Conduct primary and secondary patient examinations;

(b) Take and record vital signs;

(c) Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;

(d) Open and maintain an airway by positioning the patient's head;

(e) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(f) Provide care for soft tissue injuries;

(g) Provide care for suspected fractures;

(h) Assist with prehospital childbirth; and

(i) Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior EMT with the transporting ambulance.

(8) A First Responder may perform the following procedures only when the First Responder is providing emergency care as part of an agency which has a Board-approved supervising physician who has issued written standing orders to that First Responder authorizing the following:

(a) Administration of medical oxygen;

(b) Open and maintain an airway through the use of a nasopharyngeal and a noncuffed oropharyngeal and pharyngeal suctioning devices;

(c) Operate a bag mask ventilation device with reservoir;

(d) Provision of care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia; and

(e) Administer epinephrine by automatic injection device for anaphylaxis;

(f) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator, only when the First Responder:

(A) Has successfully completed a Section- approved course of instruction in the use of the automatic or semi-automatic defibrillator; and

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(c) Insert a cuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:

(A) A single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or

(B) A multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents.

(d) Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(e) Provide care for suspected shock, including the use of the pneumatic anti-shock garment;

(f) Provide care for suspected medical emergencies, including:

(A) Obtaining a capillary blood specimen for blood glucose monitoring;

(B) Administer epinephrine by subcutaneous injection or automatic injection device for anaphylaxis;

(C) Administer activated charcoal for poisonings; and

(D) Administer aspirin for suspected myocardial infarction.

(g) Perform cardiac defibrillation with an automatic or semi-automatic defibrillator;

(h) Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;

(i) Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician;

(j) Complete a clear and accurate prehospital emergency care report form on all patient contacts;

(k) Assist a patient with administration of sublingual nitroglycerine tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT-Basic is summoned to assist that patient; and

(l) In the event of a release of military chemical warfare agents from the Umatilla Army Depot, the EMT-Basic who is a member or employee of an EMS agency serving the DOD-designated Immediate Response Zone who has completed a Section-approved training program may administer atropine sulfate and pralidoxime chloride from a Section-approved pre-loaded auto-injector device, and perform endotracheal intubation, using protocols promulgated by the Section and adopted by the supervising physician. 100% of EMT-Basic actions taken pursuant to this section shall be reported to the Section via a copy of the prehospital emergency care report and shall be reviewed for appropriateness by Section staff and the Subcommittee on EMT Certification, Education and Discipline.

(m) In the event of a release of [~~chemical~~] **organophosphate** agents the EMT-Basic, who has completed Section-approved training, may administer atropine sulfate and pralidoxime chloride **by autoinjector**, using protocols approved by the Section and adopted by the supervising physician**.**[~~, if:~~

~~(A) The supervising physician provides the EMT-Basic with a direct, verbal order through radio or telephone contact, or~~

~~(B) The EMT-Basic is under the direction of an EMT-Paramedic who is on the scene.~~]

(10) An Oregon-certified EMT-Intermediate may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to the following:

(a) Perform all procedures that an Oregon-certified EMT-Basic can perform;

(b) Initiate and maintain peripheral intravenous (I.V.) lines;

(c) Initiate and maintain an intraosseous infusion;

(d) Initiate saline or similar locks;

(e) Draw peripheral blood specimens;

(f) Administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:

(A) Physiologic isotonic crystalloid solution.

(B) Vasoconstrictors:

(i) Epinephrine

(ii) Vasopressin;

(C) Antiarrhythmics:

(i) Atropine sulfate,

(ii) Lidocaine,

(iii) Amiodarone;

(D) Antidotes:

(i) Naloxone hydrochloride;

(E) Antihypoglycemics:

(i) Hypertonic glucose,

(ii) Glucagon;

(F) Vasodilators:

(i) Nitroglycerine;

(G) Nebulized bronchodilators:

(i) Albuterol,

(ii) Ipratropium bromide;

(H) Analgesics:

(i) Morphine,

(ii) Nalbuphine Hydrochloride,

(iii) Ketorolac tromethamine;

(I) Antihistamine:

(i) Diphenhydramine;

(J) Diuretic:

(i) Furosemide;

(g) Administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order;

(h) Administer routine or emergency immunizations, as part of an EMS Agency's occupational health program, to the EMT's EMS agency personnel, under the supervising physician's standing order.

(i) Insert an orogastric tube;

(j) Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, and if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, nurse practitioner or physician assistant at the sending medical facility;

(k) Initiate electrocardiographic monitoring and interpret presenting rhythm;

(l) Perform cardiac defibrillation with a manual defibrillator.

(11) An Oregon-certified EMT-Paramedic may perform emergency and nonemergency care procedures. The emergency care procedures shall be limited to:

(a) Perform all procedures that an Oregon-certified EMT-Intermediate can perform;

(b) Initiate the following airway management techniques:

(A) Endotracheal intubation;

(B) Tracheal suctioning techniques;

(C) Cricothyrotomy; and

(D) Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway.

(c) Initiate a nasogastric tube;

(d) Provide advanced life support in the resuscitation of patients in cardiac arrest;

(e) Perform emergency cardioversion in the compromised patient;

(f) Attempt external transcutaneous pacing of bradycardia that is causing hemodynamic compromise;

(g) Initiate needle thoracentesis for tension pneumothorax in a prehospital setting;

(h) Initiate placement of a femoral intravenous line when a peripheral line cannot be placed;

(i) Initiate placement of a urinary catheter for trauma patients in a prehospital setting who have received diuretics and where the transport time is greater than thirty minutes; and

(j) Initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician.

(12) The Board has delegated to the Section the following responsibilities for ensuring that these rules are adhered to:

(a) Designing the supervising physician and agent application;

(b) Approving a supervising physician or agent; and

(c) Investigating and disciplining any EMT or First Responder who violates their scope of practice.

(d) The Section shall provide copies of any supervising physician or agent applications and any EMT or First Responder disciplinary action reports to the Board upon their request.

(13) The Section shall immediately notify the Board when questions arise regarding the qualifications or responsibilities of the supervising physician or agent of the supervising physician.

74th OREGON LEGISLATIVE ASSEMBLY--2007 Regular Session

Senate Bill 162

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor Theodore R. Kulongoski for Department of Human Services)

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 **as introduced.**

Modifies organization and duties of Emergency Medical Services and Trauma Systems Program. Establishes and specifies duties of State Critical Illness and Serious Injury Steering Committee. Establishes and specifies duties of Oregon State Board of Emergency Responders. Authorizes Governor to take certain actions when emergency medical situation overwhelms local emergency medical service resources.

1 **A BILL FOR AN ACT**

2 Relating to medical services provided in emergencies; creating new provisions; amending ORS
3 146.015, 353.450, 431.607, 431.611, 431.623, 431.671, 442.507, 682.025, 682.028, 682.031, 682.051,
4 682.068, 682.075, 682.079, 682.204, 682.208, 682.212, 682.216, 682.220, 682.224, 682.245 and 682.991;
5 and repealing ORS 431.609, 431.613, 431.617, 431.619, 431.627, 431.633 and 682.039.
6 **Be It Enacted by the People of the State of Oregon:**
7 **SECTION 1.** ORS 431.607 is amended to read:
8 431.607. In cooperation with representatives of the emergency medical services professions, the
9 Department of Human Services shall develop [*a*] comprehensive emergency medical services and
10 trauma [*system*] **systems**. The department shall report progress on the [*system*] **systems** to the
11 Legislative Assembly.
12 **SECTION 2.** ORS 431.623 is amended to read:
13 431.623. (1) The Emergency Medical Services and Trauma Systems Program is created within the
14 Department of Human Services for the purpose of [*administering and regulating ambulances, training*
15 *and certifying emergency medical technicians, establishing and maintaining emergency medical systems*
16 *including trauma systems and obtaining appropriate data from the Oregon Injury Registry as necessary*
17 *for trauma reimbursement, system quality assurance and assuring cost efficiency.*] **organizing and**
18 **coordinating efforts across the state to ensure that a full range of care is delivered to crit-**
19 **ically or seriously ill and injured patients. The activities organized and coordinated by the**
20 **program shall include, but are not limited to:**
21 **(a) Injury prevention.**
22 **(b) Designation and certification of trauma hospitals, equipment and resources and crit-**
23 **ical care hospitals.**
24 **(c) Incident and injury identification.**
25 **(d) Prompt response to medical emergencies and transport of patients to appropriate**
26 **trauma hospitals or critical care hospitals.**
27 **(e) Emergency room resuscitation and evaluation of patients.**
28 **(f) Interfacility transfer of patients to high level of trauma care or critical care facilities**

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.

1 **when appropriate.**
2 **(g) Hospital-based multidisciplinary definitive management of patient care.**
3 **(h) Physical and occupational therapy.**
4 **(i) Rehabilitation, reintroduction to society and follow-up care of patients.**
5 **(j) Development and implementation of evidence-based patient evaluation and statewide**
6 **treatment guidelines for trauma and emergency medical services systems.**
7 **(k) Continuous statewide case review and quality of care improvement.**
8 (2) For purposes of ORS 431.607 to [*431.619*] **431.671** and ORS chapter 682, the duties vested in
9 the department shall be performed by the Emergency Medical Services and Trauma Systems Pro-
10 gram.
11 [*(3) The program shall be administered by a director.*]
12 [*(4)*] **(3)** With moneys transferred to the program by ORS 442.625 **and from other sources**, the
13 program [*shall apply those moneys*] **is authorized** to:
14 [*(a) Developing state and regional standards of care;*]
15 [*(b) Developing a statewide educational curriculum to teach standards of care;*]
16 [*(c) Implementing quality improvement programs;*]
17 [*(d) Creating a statewide data system for prehospital care; and*]
18 [*(e) Providing ancillary services to enhance Oregon's emergency medical service system.*]
19 **(a)(A) Develop a statewide emergency medical and trauma services plan and adopt rules**
20 **necessary for implementation and operation of the plan. The plan shall include both trauma**
21 **and critical illness care components and cover normal operations and disaster response.**
22 **Rules adopted to implement the plan must specify critical illness and trauma care objectives**
23 **and standards, hospital categorization criteria and criteria and procedures to be utilized in**
24 **designating critical illness care system hospitals;**
25 **(B) Revise the plan every four years; and**
26 **(C) Report biennially by January 31 of each odd-numbered year to the Legislative As-**
27 **sembly in the manner provided in ORS 192.245 about the plan and any revisions that have**
28 **been made to the plan;**
29 **(b) Create a regionalized system to deal with the care and transport of patients experi-**
30 **encing life-threatening illness;**
31 **(c) Regulate emergency medical services agencies, ambulances, medical emergency re-**
32 **sponse vehicles and designated trauma hospitals;**
33 **(d) Develop educational standards and curricula for the training of emergency medical**
34 **technicians and first responders;**
35 **(e) Provide training in rural areas of the state;**
36 **(f) Assist the Oregon State Board of Emergency Responders in the regulation of emer-**
37 **gency medical technicians and first responders in:**
38 **(A) Establishing minimum qualifications for certification and recertification;**
39 **(B) Providing for reciprocal certification and recertification for qualified providers com-**
40 **ing from outside this state who meet standards established by this state; and**
41 **(C) Investigating the conduct of, and disciplining, emergency medical technicians and**
42 **first responders;**
43 **(g) Establish a process for designating and regulating trauma hospitals that conform to**
44 **standards established by the program that includes:**
45 **(A) Investigating a designated trauma hospital; and**

1 **(B) Placing a designated trauma hospital on probation or restricting, suspending or re-**
2 **voking a trauma hospital designation for violations of program standards;**
3 **(h) Design, establish and maintain systems for the optimal delivery of emergency medical**
4 **services and trauma care, including but not limited to the development of state and regional**
5 **standards of care;**
6 **(i) Evaluate the adequacy of care provided within the emergency medical services and**
7 **trauma care systems, including the inspection of facilities, equipment and patient records;**
8 **(j) Design, establish and maintain a system for obtaining and receiving appropriate data**
9 **from emergency medical services agencies and hospitals;**
10 **(k) Utilize data obtained pursuant to this section for agency or hospital evaluation, sys-**
11 **tem evaluation, quality improvement and assuring cost efficiency;**
12 **(L) Implement measures to ensure the confidentiality of data obtained pursuant to this**
13 **section, in accordance with ORS 41.675, 41.685 and 192.501 to 192.505;**
14 **(m) Identify quality improvement needs and develop emergency medical services system**
15 **quality improvement initiatives;**
16 **(n) Develop an emergency medical services emergency response plan that addresses the**
17 **ability of the state to respond to emergencies that exceed the response capability of local or**
18 **regional resources, and modify the plan at least every three years; and**
19 **(o) Adopt rules as necessary for the administration of ORS 431.607 to 431.671 and ORS**
20 **chapter 682.**
21 **(4) The program shall be administered by a State Emergency Medical Services Director**
22 **who shall be appointed by the Public Health Officer. The director shall be responsible for all**
23 **administrative and managerial aspects of the Emergency Medical Services and Trauma Sys-**
24 **tems Program.**
25 **(5) The Public Health Officer shall appoint an individual to be responsible for medical and**
26 **paramedical aspects of the Emergency Medical Services and Trauma Systems Program. The**
27 **individual appointed shall provide support and technical assistance for local emergency**
28 **medical services medical directors and hospital trauma directors to coordinate and stand-**
29 **ardize prehospital care and trauma medical care throughout the state. The individual ap-**
30 **pointed shall report to the State Emergency Medical Services Director.**
31 **(6) The State Emergency Medical Services Director may adopt rules necessary for the**
32 **administration of ORS 431.607 to 431.671 and ORS chapter 682.**
33 **SECTION 3. ORS 431.607, 431.611, 431.623 and 431.671 and sections 4 to 12 of this 2007 Act**
34 **are added to and made a part of ORS 431.607 to 431.671.**
35 **SECTION 4. As used in ORS 431.607 to 431.671:**
36 **(1) "Ambulance" means any privately or publicly owned motor vehicle, aircraft or marine**
37 **craft that is licensed by the Department of Human Services, operated by an emergency**
38 **medical services agency or an ambulance service and that is regularly provided or offered**
39 **to be provided for the emergency and nonemergency transportation of persons who are ill**
40 **or injured or who have disabilities.**
41 **(2) "Ambulance service" means any individual, partnership, corporation, association,**
42 **governmental agency or unit or other entity that holds a license issued by the Department**
43 **of Human Services to provide emergency care and nonemergency care and transportation to**
44 **persons who are ill or injured or who have disabilities.**
45 **(3) "Ambulance service area" means an area that is served by one or more ambulance**

services providing ground ambulance service in all or a portion of a county or in all or portions of two or more contiguous counties.

(4) "Critical illness care system hospital" means a hospital that has been granted a speciality designation for providing care for a specific patient population, illness or injury by the Department of Human Services.

(5) "Emergency care" means the performance of acts or procedures under emergency conditions relating to the observation, care and counsel of persons who are ill or injured or who have disabilities, and the administration of care or medications as prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does not mean acts of medical diagnosis or prescription of therapeutic or corrective measures.

(6) "Emergency medical services agency" means any person, partnership, corporation, governmental agency or unit, sole proprietorship or other entity that utilizes emergency medical technicians or first responders to provide prehospital emergency or nonemergency care. An emergency medical services agency may be either an ambulance service or a nontransporting service.

(7) "Emergency medical services director" means a medical or osteopathic physician actively licensed under ORS chapter 677, and in good standing with the Board of Medical Examiners, who provides direction of emergency care or nonemergency care provided by emergency medical technicians, registered nurses or physician assistants associated with a licensed emergency medical services agency.

(8) "Emergency medical technician" means a person who has received formal training in prehospital care and emergency care and is state certified to attend any person who is ill or injured or who has a disability. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of "emergency medical technician," are "emergency medical technicians" within the meaning of ORS chapter 682.

(9) "First responder" means a person who has received formal training and state certification in the on-scene stabilization of any person who is ill or injured or who has a disability prior to the arrival of an individual who can provide prehospital care and emergency care. Police officers, fire fighters, funeral home employees and other personnel serving in a dual capacity, one of which meets the definition of a "first responder," are "first responders" within the meaning of ORS chapter 682.

(10) "Medical emergency response vehicle" means any privately or publicly owned motor vehicle, aircraft or marine craft operated by an emergency medical services agency that is licensed by the Department of Human Services and that is regularly provided or offered to be provided for the emergency care and nonemergency care, excluding transportation, of persons who are ill or injured or who have disabilities.

(11) "Nonemergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24 hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice

rules adopted by the Board of Medical Examiners in the course of providing prehospital care as defined by this section.

(12) "Nontransporting service" means any individual, partnership, corporation, association, governmental agency or unit or other entity that holds an emergency medical services agency license to provide emergency care and nonemergency care, excluding transportation, to persons who are ill or injured or who have disabilities.

(13) "Patient" means a person who is ill or injured or who has a disability who is cared for through an emergency medical services agency or hospital trauma service.

(14) "Patient care report form" means a form approved by the Department of Human Services that is completed for all patients receiving prehospital assessment, care or transportation to a medical facility.

(15) "Prehospital care" means patient care that is rendered through a licensed emergency medical services agency that includes both emergency care and nonemergency care, and that may involve an ambulance or a medical emergency response vehicle.

(16) "Provider" means a person who provides medical care to a patient.

(17) "Public Health Officer" means the administrator appointed by the Director of Human Services under ORS 431.045 to be responsible for state public health activities.

(18) "State Emergency Medical Services Director" means the director appointed under ORS 431.623.

(19) "Teaching institution" means a two-year community college, a four-year degree-granting college or university or a career school licensed by the Department of Education under ORS 345.010 to 345.450.

SECTION 5. (1) The Public Health Officer shall appoint a State Critical Illness and Serious Injury Steering Committee composed of 17 members as follows:

(a) Five physicians licensed under ORS chapter 677. Of the five:

(A) One must specialize in the surgical care of trauma patients;

(B) One must specialize in emergency medicine;

(C) One must specialize in the care of patients under 18 years of age;

(D) One must specialize in the treatment of cardiovascular and cerebrovascular illness; and

(E) One must be a local emergency medical services director.

(b) A trauma coordinator responsible for a trauma program in a designated trauma hospital.

(c) A nurse specializing in emergency department nursing.

(d) An emergency medical technician or nurse specializing in interfacility or speciality air transport services.

(e) A person who specializes in injury prevention.

(f) A representative of a community college or career school that provides emergency medical technician education.

(g) A person who specializes in the care of patients with special needs.

(h) A person specializing in health advocacy.

(i) An ambulance operator representing a volunteer, governmental or private ambulance company.

(j) A hospital administrator.

(k) An emergency department administrator responsible for overseeing the treatment of

acutely ill and injured patients.

(L) An emergency medical technician whose practice consists of routinely dealing with emergencies.

(m) A member of the public.

(2) The committee shall include at least one resident but no more than five residents from each region served by one area trauma advisory board at the time of appointment.

(3) The term of members appointed under subsection (1) of this section is four years. Members may be reappointed to additional terms. Vacancies shall be filled for any unexpired term as soon as the Public Health Officer can make such appointments. Members serve at the pleasure of the Public Health Officer.

(4) The committee shall choose its own chairperson and shall meet at the call of the chairperson or the Public Health Officer.

(5) Members are entitled to compensation as provided in ORS 292.495.

(6) The State Critical Illness and Serious Injury Steering Committee shall assist the Emergency Medical Services and Trauma Systems Program in its efforts to:

(a) Develop and annually review a statewide emergency medical services plan and to present a report to the Legislative Assembly in January of every odd-numbered year;

(b) Identify quality improvement needs and develop emergency medical services system quality improvement initiatives;

(c) Develop an emergency medical services emergency response plan that addresses the ability of the state to respond to emergencies that exceed the response capability of local or regional resources, and modify the plan at least every three years;

(d) Review and prioritize rural community emergency medical service funding and training requests;

(e) Provide input to the Rural Health Coordinating Council, the Area Health Education Center program, the Office of Rural Health and other agencies dealing with rural health issues;

(f) Develop budget recommendations and present them to the program in March of every even-numbered year;

(g) Develop a prioritized list of emergency medical services and trauma services clinical concerns, present the list to the program in June of every even-numbered year and work with the State Emergency Medical Services Director to address these concerns with emergency medical services agencies and medical directors; and

(h) Participate in emergency preparedness planning, conduct exercises based on the plans developed and enlist the participation of appropriate emergency medical services agencies, medical directors and hospitals in these activities.

(7) The State Critical Illness and Serious Injury Steering Committee shall appoint and convene subcommittees that may be comprised of members and nonmembers of the steering committee. The chairperson of each subcommittee must be a member of the steering committee. Subcommittees shall include, but are not limited to:

(a) An emergency medical services subcommittee;

(b) A trauma advisory subcommittee;

(c) An emergency medical services for children subcommittee; and

(d) Other medical specialty subcommittees.

(8) The emergency medical services subcommittee shall:

(a) Approve ambulance service area plans;

(b) Approve regional plans that include the designation level of health care facilities within the region;

(c) Make the final determination on designation surveys; and

(d) Identify quality improvement needs through the analysis of emergency medical services data collected from emergency medical services agencies and hospitals by the Emergency Medical Services and Trauma Systems Program as authorized under section 10 of this 2007 Act.

(9) The trauma advisory subcommittee shall, in accordance with section 8 of this 2007 Act:

(a) Approve area trauma advisory board plans and plan modifications;

(b) Make the final determination on trauma designation surveys; and

(c) Identify trauma system quality improvement needs through the analysis of data collected as authorized by section 10 of this 2007 Act.

(10) The State Critical Illness and Serious Injury Steering Committee is prohibited from discussing confidential data during an open meeting, and from using or disclosing confidential data for any purpose other than to carry out the duties established in this section.

(11) Subcommittees established under this section may share data collected by the program with other subcommittees of the program.

(12) The program may assign other specific duties for the subcommittees by rule after consultation with the State Critical Illness and Serious Injury Steering Committee.

(13) Members of the subcommittees established as authorized by this section are entitled to compensation as provided in ORS 292.495.

SECTION 6. Notwithstanding the term of office specified for members of the State Critical Illness and Serious Injury Steering Committee specified in section 5 of this 2007 Act, of the members first appointed to the board:

(1) Five shall serve for a term ending on January 1, 2009.

(2) Six shall serve for a term ending on January 1, 2010.

(3) Six shall serve for a term ending on January 1, 2011.

SECTION 7. (1) After consultation with the trauma advisory subcommittee established in section 5 of this 2007 Act, the Emergency Services and Trauma Systems Program shall:

(a) Develop and monitor a statewide trauma system; and

(b) Designate trauma areas within the state consistent with local resources, geography and current patient referral patterns.

(2) Each trauma area shall include two or more hospitals designated or categorized according to trauma care capabilities using standards modeled after the American College of Surgeons Committee on Trauma standards that have been adopted by the program by rule.

(3) The trauma advisory subcommittee shall establish area trauma advisory boards in accordance with section 8 of this 2007 Act to:

(a) Develop trauma systems plans;

(b) Oversee regional quality improvement activities;

(c) Implement central medical control for all field care and transportation consistent with geographic limitations and current communications capability; and

(d) Develop regional triage protocols.

(4) Prior to approval and implementation of area trauma plans submitted by area trauma

advisory boards, the program shall adopt rules pursuant to ORS chapter 183 that specify state trauma objectives and standards, hospital categorization criteria and criteria and procedures to be utilized in designating trauma system hospitals.

SECTION 8. (1) The Emergency Services and Trauma Systems Program shall designate trauma centers in areas that are within the jurisdiction of trauma advisory boards.

(2) The program shall adopt rules pursuant to ORS chapter 183 that specify state trauma objectives and standards, hospital categorization criteria, triage criteria, procedures to be utilized in designating trauma system hospitals and procedures for data collection, evaluation and quality improvement.

(3) A designated hospital must:

(a) Provide and maintain the resources, services and standards adopted by the program by rule for the designation level of the hospital; and

(b) Notify the program if resources, services and standards are not maintained.

SECTION 9. (1) In consultation with the trauma advisory subcommittee established by section 5 of this 2007 Act, the Public Health Officer shall select a minimum of seven members for each area trauma advisory board from lists submitted by regional emergency medical technicians, emergency nurses, emergency physicians, surgeons, hospital administrators, emergency medical services agencies and citizens at large. Members of each advisory board shall be representative of the trauma area as a whole.

(2) Area trauma advisory boards established in section 7 of this 2007 Act shall meet as often as necessary to identify specific trauma area needs and problems and to propose to the Emergency Medical Services and Trauma System Program area trauma system plans and changes to plans that meet state standards and objectives. A trauma area advisory board must implement the area trauma system plan following approval of the plans by the program.

SECTION 10. (1) The Emergency Medical Services and Trauma Systems Program shall develop and maintain reporting systems, including the Emergency Medical Services and Trauma Systems Database, to collect and analyze information on patient care and outcomes as part of a quality improvement process and to allow for appropriate research as defined by the program by rule.

(2) A designated trauma hospital must report data on each patient presented to the hospital who is determined by the hospital to exceed the injury severity score specified by the program by rule.

(3) An emergency medical services agency may report data on each patient served by using the patient care report form.

(4) A hospital must report data on each patient presented to the hospital who is determined by the hospital to meet trauma inclusion criteria specified by the program by rule.

(5) All data collected or developed by the program under this section that identifies or may be used to identify a patient, provider or facility is confidential and not subject to civil or administrative subpoena or to discovery in a civil action, including but not limited to a judicial, administrative, arbitration or mediation proceeding.

(6) The program shall publish a biennial report that includes an analysis of available aggregate data in the Emergency Medical Services and Trauma Systems Database.

(7) Notwithstanding the confidentiality provisions in subsection (5) of this section, the program may provide data to subcommittees established under section 5 of this 2007 Act and

to researchers who meet the criteria for access to collected data established by the program by rule in a manner that ensures information on individual patients, providers or facilities remains confidential.

(8) The program, in collaboration with the State Critical Illness and Serious Injury Steering Committee, shall continuously identify the causes of trauma and critical illness in Oregon, and propose programs to prevent trauma and critical illness for consideration by the Legislative Assembly or others.

(9) The Emergency Medical Services and Trauma System Program shall adopt rules establishing:

(a) The data elements to be reported;

(b) Injury and illness severity criteria;

(c) Objectives, standards, criteria and procedures to be utilized in administering the reporting and data systems, and to the extent possible establish standards that are consistent with nationally recognized guidelines; and

(d) Procedures for maintaining the confidentiality of the data collected.

SECTION 11. (1) Area trauma advisory boards shall conduct peer review of individual cases to monitor and assure quality of care for trauma patients.

(2) Designated trauma centers, other hospitals and emergency medical services agencies may conduct peer review on individual cases to monitor and assure quality of care for trauma patients and critically ill patients.

(3) Any information regarding patient care quality assurance activities that identifies or may be used to identify a patient, provider or facility collected or received by the Emergency Medical Services and Trauma Systems Program, an area trauma advisory board or the State Critical Illness and Serious Injury Steering Committee or its subcommittees shall be confidential and not subject to civil or administrative subpoena or to discovery in a civil action, including but not limited to a judicial, administrative, arbitration or mediation proceeding.

(4)(a) A person communicating information to the program or serving on or communicating information to the State Critical Illness and Serious Injury Steering Committee or its subcommittees or an area trauma advisory board may not be examined in any civil action, including but not limited to a judicial, administrative, arbitration or mediation proceeding as to whether a communication of any kind, including oral or written communication, has been made or shared with the program, the State Critical Illness and Serious Injury Steering Committee or its subcommittees or an area trauma advisory board regarding patient care quality assurance activities.

(b) A person communicating information to the program or serving on or communicating information to the State Critical Illness and Serious Injury Steering Committee or its subcommittees or an area trauma advisory board shall not be subject to an action for civil damages for actions taken or statements made in good faith.

(5) Nothing in this section affects the admissibility in evidence of a party's medical records not otherwise confidential or privileged concerning the party's medical care.

(6) As used in this section, "information" includes but is not limited to written reports, notes, records, findings and recommendations.

(7) Final reports developed by the program, the State Critical Illness and Serious Injury Steering Committee or its subcommittees or an area trauma advisory board on peer-reviewed cases may be available to the public if the report does not identify or cannot be used to

1 **identify any patient, provider or facility.**
2 **SECTION 12. (1) Subject to the availability of funds, the Emergency Medical Services and**
3 **Trauma Systems Program may reimburse designated trauma centers, emergency services**
4 **providers, trauma care providers, hospitals, emergency departments, emergency medical**
5 **services agencies and physical rehabilitation centers for unsponsored or inadequately insured**
6 **trauma patients.**
7 **(2) In order to be eligible for reimbursement, designated trauma centers, emergency**
8 **services providers and trauma care providers must:**
9 **(a) Provide data to the program as required by section 10 of this 2007 Act;**
10 **(b) Comply with other reporting requirements established by the program by rule; and**
11 **(c) Participate in quality improvement activities as required by the program by rule.**
12 **(3) Reimbursement may not be made until:**
13 **(a) All data required by program rules is submitted;**
14 **(b) The program confirms that the care provided meets reimbursement criteria estab-**
15 **lished by the program by rule; and**
16 **(c) Funds are made available for distribution.**
17 **(4) Reimbursement may be made in a manner prescribed by rule.**
18 **SECTION 13.** ORS 431.611 is amended to read:
19 431.611. [*(1) Prior to approval and implementation of area trauma plans submitted to the Depart-*
20 *ment of Human Services by area trauma advisory boards, the department shall adopt rules pursuant*
21 *to ORS chapter 183 which specify state trauma objectives and standards, hospital categorization crite-*
22 *ria and criteria and procedures to be utilized in designating trauma system hospitals.*]
23 [*(2) For approved area trauma plans recommending designation of trauma system hospitals, the*
24 *department rules shall provide for:*] **For approved area trauma plans with designated trauma**
25 **system hospitals, rules adopted by the Emergency Medical Services and Trauma Systems**
26 **Program shall provide for:**
27 [*(a)*] **(1)** The transport of a member of a health maintenance organization, or other managed
28 health care system, as defined by rule, to a hospital that contracts with the health maintenance
29 organization when central medical control determines that the condition of the member permits such
30 transport; and
31 [*(b)*] **(2)** The development and utilization of protocols between designated trauma hospitals and
32 health maintenance organizations, or other managed health care systems, as defined by rule, in-
33 cluding notification of admission of a member to a designated trauma hospital within 48 hours of
34 admission, and coordinated discharge planning between a designated trauma hospital and a hospital
35 that contracts with a health maintenance organization to facilitate transfer of the member when the
36 medical condition of the member permits.
37 **SECTION 14. ORS 682.204, 682.208, 682.212, 682.216, 682.220, 682.224, 682.245 and 682.265 and**
38 **sections 15, 17 and 18 of this 2007 Act are added to and made a part of ORS 682.204 to 682.265.**
39 **SECTION 15. (1) There is created within the Department of Human Services an Oregon**
40 **State Board of Emergency Responders appointed by the Governor and composed of 11 mem-**
41 **bers as follows:**
42 **(a) Five physicians licensed under ORS chapter 677 whose practice consists of emergency**
43 **medicine, at least two of whom are local emergency medical services directors and at least**
44 **one of whom is a member of the emergency medical services subcommittee established under**
45 **section 5 of this 2007 Act.**

(b) One emergency medical technician with a valid Oregon paramedic certification.

(c) One emergency medical technician with a valid Oregon intermediate paramedic certification.

(d) One emergency medical technician with a valid Oregon basic paramedic certification.

(e) One first responder.

(f) One nurse who provides air medical response service.

(g) One member of the public with an interest in emergency medical services who is not employed as a health professional or in any health-related industry.

(2) In making appointments to the board, the Governor shall give consideration to representation of the different geographic regions of the state.

(3)(a) The members of the board shall be appointed by the Governor for terms of four years, beginning on January 1. Members of the board serve at the pleasure of the Governor. Members of the board may be reappointed, but a member may not serve for more than three consecutive terms. At the time of appointment, the appointee to the board must be a citizen of the United States and a resident of Oregon. Each professional member must be currently licensed or certified and not under disciplinary status with the professional regulatory board that regulates the member's profession. If a vacancy on the Oregon State Board of Emergency Responders occurs, a member shall be appointed in the same manner as the original appointee to complete the unexpired term.

(b) All appointments of members of the board by the Governor are subject to confirmation by the Senate pursuant to section 4, Article III of the Oregon Constitution.

(4) Members are entitled to compensation as provided in ORS 292.495.

SECTION 16. Notwithstanding the term of office specified for members of the Oregon State Board of Emergency Responders in section 15 of this 2007 Act, of the members first appointed to the board:

(1) Three shall serve for a term ending on January 1, 2009.

(2) Four shall serve for a term ending on January 1, 2010.

(3) Four shall serve for a term ending on January 1, 2011.

SECTION 17. (1) The Oregon State Board of Emergency Responders shall elect annually from its number a chairperson, a vice chairperson and a secretary, each of whom shall serve until a successor is elected and qualified. The board shall meet at the call of the chairperson or as the board may require. Special meetings of the board may be called by the secretary at the request of any three members of the board. Six members of the board constitutes a quorum for the transaction of business.

(2) The State Emergency Medical Services Director appointed under ORS 431.623 shall serve as the executive director of the board. The executive director may employ and define the duties of persons necessary to carry out the responsibilities of the board as required by ORS 682.204 to 682.265 and sections 15, 17 and 18 of this 2007 Act. The executive director, with approval of the board, may also contract with special consultants. All salaries, compensation and expenses incurred or allowed shall be paid out of funds received by the Emergency Medical Services and Trauma Systems Program.

(3) The board shall:

(a) Monitor the practice of emergency medical technicians and first responders.

(b) Prescribe standards and approve curricula for emergency medical technician and first responder programs preparing persons for licensing under ORS 682.204 to 682.265.

1 **(c) Provide for surveys of nursing education programs at such times as may be neces-**
2 **sary.**
3 **(d) Approve emergency medical technician and first responder programs that meet the**
4 **requirements established by the board by rule.**
5 **(e) Deny or withdraw approval of emergency medical technician and first responder pro-**
6 **grams for failure to meet prescribed standards.**
7 **(f) Examine, certify and renew the certifications of qualified applicants for certification**
8 **as emergency medical technicians or first responders as provided in ORS 682.204 to 682.265.**
9 **(g) Provide a process for reciprocal certification for qualified emergency medical techni-**
10 **cians and first responders coming from outside the state who meet the standards established**
11 **by the board by rule.**
12 **(h) Undertake investigations as authorized by ORS 682.220.**
13 **(i) Deny certification to applicants or discipline certified emergency medical technicians**
14 **and first responders as provided in ORS 682.204 to 682.265.**
15 **(j) Enforce the provisions of ORS 682.204 to 682.265 and sections 15, 17 and 18 of this 2007**
16 **Act and incur necessary expenses therefor.**
17 **(k) Notify certificate holders at least annually of changes in legislative or board rules**
18 **that affect the certificate holders. Notice may be by newsletter or other appropriate means.**
19 **(4) The board may require applicants and certificate holders to provide to the board data**
20 **concerning the individual's employment and education.**
21 **(5) For the purpose of requesting a state or nationwide criminal records check under**
22 **ORS 181.534, the board may require the fingerprints of a person who is:**
23 **(a) Applying for a certificate that is issued by the board;**
24 **(b) Applying for renewal of a certificate that is issued by the board; or**
25 **(c) Under investigation by the board.**
26 **(6) The board shall keep a record of all its proceedings and of all persons certified and**
27 **schools or programs approved under this section.**
28 **(7) The board may enter into executive session to consider information obtained as part**
29 **of an investigation of an applicant or certificate holder as provided in ORS 192.660 (2)(k).**
30 **(8) The board must accept the scope of practice for emergency medical technicians and**
31 **first responders as established by the Board of Medical Examiners.**
32 **(9) The board shall accept the accreditation status of teaching institutions provided by**
33 **the Department of Education.**
34 **(10) Pursuant to ORS chapter 183, the board shall adopt rules necessary to carry out the**
35 **provisions of ORS 682.204 to 682.265 and sections 15, 17 and 18 of this 2007 Act.**
36 **SECTION 18. The lapse, suspension or revocation of a certificate by the operation of law,**
37 **by order of the Oregon State Board of Emergency Responders or by the decision of a court**
38 **of law, or the voluntary surrender of a certificate by a certificate holder, does not deprive**
39 **the board of jurisdiction to proceed with any investigation of, or any action or disciplinary**
40 **proceeding against, the certificate holder or to revise or render null and void an order of**
41 **disciplinary action against the certificate holder.**
42 **SECTION 19.** ORS 682.025 is amended to read:
43 682.025. As used in this chapter, unless the context requires otherwise:
44 (1) "Ambulance" or "ambulance vehicle" means any privately or publicly owned motor vehicle,
45 aircraft or watercraft that is regularly provided or offered to be provided for the emergency trans-

1 portation of persons [*suffering from illness, injury or disability*] **who are ill or injured or who have**
2 **disabilities**.
3 (2) "Ambulance service" means any person, governmental unit, corporation, partnership, sole
4 proprietorship or other entity that operates ambulances and that holds itself out as providing pre-
5 hospital care or medical transportation to [*sick, injured or disabled persons*] **persons who are ill**
6 **or injured or who have disabilities**.
7 [*(3) "Board" means the Board of Medical Examiners for the State of Oregon.*]
8 [*(4) "Department" means the Department of Human Services.*]
9 [*(5)*] **(3)** "Emergency care" means the performance of acts or procedures under emergency con-
10 ditions [*in*] **relating to** the observation, care and counsel of [*the ill, injured or disabled; in*] **persons**
11 **who are ill or injured or who have disabilities, and** the administration of care or medications as
12 prescribed by a licensed physician, insofar as any of these acts is based upon knowledge and appli-
13 cation of the principles of biological, physical and social science as required by a completed course
14 utilizing an approved curriculum in prehospital emergency care. However, "emergency care" does
15 not [*include*] **mean** acts of medical diagnosis or prescription of therapeutic or corrective measures.
16 [*(6)*] **(4)** "Emergency medical technician" or "EMT" means a person who has received formal
17 training in prehospital [*and emergency*] **care, emergency care and nonemergency** care, and is
18 state certified to attend any [*ill, injured or disabled*] person **who is ill or injured or who has a**
19 **disability**. Police officers, firefighters, funeral home employees and other personnel serving in a dual
20 capacity one of which meets the definition of "emergency medical technician" are "emergency
21 medical technicians" within the meaning of this chapter.
22 **(5) "Emergency responder" means a person certified by the Oregon State Board of**
23 **Emergency Responders to provide medical care and who responds to emergencies.**
24 [*(7)*] **(6)** "First responder" means a person who has successfully completed a first responder
25 training course approved by the [*department*] **Oregon State Board of Emergency Responders**
26 and[*:*]
27 [*(a)*] has been examined and certified as a first responder by [*an authorized representative of the*
28 *department*] **the board** to perform basic emergency **care** and nonemergency care procedures[*; or*]
29 [*(b) Has been otherwise designated as a first responder by an authorized representative of the de-*
30 *partment to perform basic emergency and nonemergency care procedures*].
31 [*(8)*] **(7)** "Fraud or deception" means the intentional misrepresentation or misstatement of a
32 material fact, concealment of or failure to make known any material fact, or any other means by
33 which misinformation or false impression knowingly is given.
34 [*(9)*] **(8)** "Governmental unit" means the state or any county, municipality or other political
35 subdivision or any department, board or other agency of any of them.
36 [*(10)*] **(9)** "Highway" means every public way, thoroughfare and place, including bridges, viaducts
37 and other structures within the boundaries of this state, used or intended for the use of the general
38 public for vehicles.
39 [*(11)*] **(10)** "Nonemergency care" means the performance of acts or procedures on a patient who
40 is not expected to die, become permanently disabled or suffer permanent harm within the next 24
41 hours, including but not limited to observation, care and counsel of a patient and the administration
42 of medications prescribed by a physician licensed under ORS chapter 677, insofar as any of those
43 acts are based upon knowledge and application of the principles of biological, physical and social
44 science and are performed in accordance with scope of practice rules adopted by the Board of
45 Medical Examiners in the course of providing prehospital care as defined by this section.

[*(12)*] **(11)** "Owner" means the person having all the incidents of ownership in an ambulance service or an ambulance vehicle or where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

(12) "Paramedic" means a certified emergency medical technician who has reached a level of competency established by the Oregon State Board of Emergency Responders.

(13) "Patient" means [*an ill, injured or disabled person*] **a person who is ill or injured or who has a disability and who is** transported in an ambulance.

(14) "Person" means any individual, corporation, association, firm, partnership, joint stock company, group of individuals acting together for a common purpose or organization of any kind and includes any receiver, trustee, assignee or other similar representative thereof.

(15) "Prehospital care" means that care rendered by emergency medical technicians as an incident of the operation of an ambulance as defined by this chapter and that care rendered by emergency medical technicians as incidents of other public or private safety duties, and includes, but is not limited to, "emergency care" as defined by this section.

(16) "Scope of practice" means the maximum level of emergency **care** or nonemergency care that an emergency medical technician may provide **as established by the Board of Medical Examiners**.

(17) "Standing orders" means the written protocols that an emergency medical technician follows to treat patients when direct contact with a physician is not maintained.

(18) "Supervising physician" means a medical or osteopathic physician licensed under ORS chapter 677, actively registered and in good standing with the board, who provides direction of emergency **care** or nonemergency care provided by emergency medical technicians.

(19) "Unprofessional conduct" means conduct unbecoming a person **applying to become or a person** certified in emergency care **or nonemergency care**, or **conduct** detrimental to the best interests of the public**,** and includes:

(a) Any conduct or practice contrary to recognized standards of ethics of the medical profession or any conduct or practice [*which*] **that** does or might constitute a danger to the health or safety of a patient or the public or any conduct, practice or condition [*which*] **that** does or might impair an emergency medical technician's ability safely and skillfully to practice emergency **care** or nonemergency care;

(b) Willful performance of any medical treatment [*which*] **that** is contrary to acceptable medical standards; and

(c) Willful and consistent utilization of medical service for treatment [*which*] **that** is or may be considered inappropriate or unnecessary.

SECTION 20. ORS 682.028 is amended to read:

682.028. (1) It is unlawful for any person or governmental unit to:

(a) Intentionally make any false statement on an application for an ambulance service license, ambulance vehicle license or for certification as an emergency medical technician or first responder or on any other documents required by the Department of Human Services**, the Emergency Medical Services and Trauma Systems Program or the Oregon State Board of Emergency Responders**; or

(b) Make any misrepresentation in seeking to obtain or retain a certification or license.

(2) Any violation described in subsection (1) of this section is also grounds for denial, suspension

or revocation of a certification or license under ORS 682.220.

SECTION 21. ORS 682.075 is amended to read:

682.075. (1) Subject to any law or rule pursuant thereto relating to the construction or equipment of ambulances, the Department of Human Services shall, with the advice of the State [*Emergency Medical Service*] **Critical Illness and Serious Injury Steering** Committee appointed under [*ORS 682.039*] **section 5 of this 2007 Act** and in accordance with ORS chapter 183, adopt and when necessary amend or repeal rules relating to the construction, maintenance, capacity, sanitation, emergency medical supplies and equipment of ambulances.

(2) In order for an owner to secure and retain a license for an ambulance under this chapter, it shall meet the requirements imposed by rules of the department. The requirements may relate to construction, maintenance, capacity, sanitation and emergency medical supplies and equipment on ambulances. Such requirements shall include, but are not limited to, requirements relating to space in patient compartments, access to patient compartments, storage facilities, operating condition, cots, mattresses, stretchers, cot and stretcher fasteners, bedding, oxygen and resuscitation equipment, splints, tape, bandages, tourniquets, patient convenience accessories, cleanliness of vehicle and laundering of bedding.

SECTION 22. ORS 682.079 is amended to read:

682.079. (1) The Department of Human Services may grant exemptions or variances from one or more of the requirements of ORS 820.330 to 820.380 or this chapter or the rules adopted thereunder to any class of vehicles if it finds that compliance with such requirement or requirements is inappropriate because of special circumstances which **that** would render compliance unreasonable, burdensome or impractical due to special conditions or cause, or because compliance would result in substantial curtailment of necessary ambulance service. [*Such*] Exemptions or variances may be limited in time or may be conditioned as the department considers necessary to protect the public welfare.

(2) In determining whether or not a variance shall be granted, the advice of the State [*Emergency Medical Service*] **Critical Illness and Serious Injury Steering** Committee shall be received and in all cases the equities involved and the advantages and disadvantages to the welfare of patients and the owners of vehicles shall be weighed by the department.

(3) Rules under this section shall be adopted, amended or repealed in accordance with ORS 183.330.

SECTION 23. ORS 682.204 is amended to read:

682.204. (1) [*On and after September 13, 1975,*] It shall be unlawful:

(a) For any person to act as an emergency medical technician without being certified under this chapter.

(b) For any person or governmental unit [*which*] **that** operates an ambulance to authorize a person to act for it as an emergency medical technician without being certified under this chapter.

(c) For any person or governmental unit to operate or allow to be operated in this state any ambulance unless it is operated with at least one certified emergency medical technician.

(2) 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 certified emergency medical technician and that the services of a certified emergency medical technician were not available or were not available in time as under the circumstances appeared necessary to preserve such human life.

(3) Subsection (1) of this section is not applicable to any individual, group of individuals, part-

nership, 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 subsection to the individual, group, partnership, entity, association or organization. When exemption is granted under this section, any person who attends an [*ill, injured or disabled person*] **individual who is ill or injured or who has a disability** in an ambulance may not purport to be an emergency medical technician or use the designation "EMT."

SECTION 24. ORS 682.208 is amended to read:

682.208. (1) For any person to be certified as an emergency medical technician or first responder, an application for certification shall be made to the [*Department of Human Services*] **Oregon State Board of Emergency Responders**. The application shall be upon forms prescribed by the [*department*] **board** and shall 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) Certification that to the best of the applicant's knowledge the applicant is physically and mentally qualified to act as an emergency medical technician or first responder, is free from addiction to controlled substances or alcoholic beverages, or if not so free, has been and is currently rehabilitated and is free from epilepsy or diabetes, or if not so free, has been free from any lapses of consciousness or control occasioned thereby for a period of time as prescribed by rule of the [*department*] **board**.

(d) [*Such*] Other information [*as*] **that** the [*department*] **board** may reasonably require to determine compliance with applicable provisions of this chapter and the rules adopted thereunder.

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

(3) The [*department*] **board** shall adopt a schedule of minimum educational requirements in emergency **care** and nonemergency care for emergency medical technicians and first responders. The [*department, with the advice of the State Emergency Medical Service Committee,*] **board** may establish levels of emergency medical technician certification as may be necessary to serve the public interest. A course approved by the [*department*] **board** shall 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 25. ORS 682.212 is amended to read:

682.212. (1) A nonrefundable initial application fee shall be submitted with the initial application for emergency medical technician and first responder certification. In addition, a nonrefundable examination fee shall be submitted for the following purposes:

(a) First responder written examination;

(b) Emergency medical technician written examination;

(c) Emergency medical technician practical examination; and

(d) A fee deemed necessary by the [*Department of Human Services*] **Oregon State Board of Emergency Responders** to cover the fee charged by the national examination agency or other examination service utilized by the department for the purpose of examining candidates for emergency

medical technician certification.

(2) The board shall establish by rule a fee for:

(a) Renewal of a certificate.

(b) Late renewal of a certificate.

(c) Certification by indorsement.

(d) Issuance of a duplicate certificate.

[*(2)*] **(3)** Subject to the review of the Oregon Department of Administrative Services, the fees and charges established under this section shall not exceed the cost of administering the regulatory program of the [*Department of Human Services*] **board** pertaining to the purpose for which the fee or charge is established, as authorized by the Legislative Assembly for the [*department's*] **board's** budget, as the budget may be modified by the Emergency Board.

[*(3)*] **(4)** All moneys received by the [*department*] **board** under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the [*department account and such moneys hereby*] **Oregon State Board of Emergency Responders Account, which is established. Moneys in the account** are appropriated continuously **to the board** and shall be used only for the administration and enforcement of this chapter.

SECTION 26. ORS 682.216 is amended to read:

682.216. (1) When application has been made as required under ORS 682.208, the [*Department of Human Services*] **Oregon State Board of Emergency Responders** shall certify the applicant as an emergency medical technician or as a first responder if it finds:

(a) The applicant has successfully completed a training course approved by the [*department*] **board**.

(b) The applicant's physical and mental qualifications have been certified as required under ORS 682.208.

(c) No matter has been brought to the attention of the [*department which*] **board that** would disqualify the applicant.

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

(e) The applicant for emergency medical technician certification is 18 years of age or older and the applicant for first responder is 16 years of age or older.

(f) The applicant has successfully completed examination as prescribed by the [*department*] **board**.

(g) The applicant meets other requirements prescribed **by the board** by rule [*of the department*].

(2) The [*department*] **board** may provide for the issuance of a provisional certification for emergency medical technicians.

(3) The [*department*] **board** may issue by indorsement certification for emergency medical technician without proof of completion of an approved training course to an emergency medical technician who is licensed **or certified** to practice emergency care in another state of the United States or a foreign country if, in the opinion of the [*department*] **board**, the applicant meets the requirements of certification in this state and can demonstrate to the satisfaction of the [*department*] **board** competency to practice emergency care. The [*department*] **board** shall be the sole judge of credentials of any emergency medical technician applying for certification without proof of completion of an approved training course.

(4) Each person holding a certificate under ORS 682.208 and this section shall submit, at the time of application for renewal of the certificate to the [*department*] **board**, evidence of the appli-

1 cant's satisfactory completion of a [*department*] **board** approved program of continuing education
2 and other requirements prescribed by rule by the [*department*] **board**.
3 (5) The [*department*] **board** shall prescribe **by rule** criteria and approve programs of continuing
4 education in emergency **care** and nonemergency care to meet the requirements of this section.
5 (6) The [*department*] **board** shall include a fee pursuant to ORS 682.212 for late renewal and for
6 issuance of any duplicate certificate. Each certification issued under this section, unless sooner
7 suspended or revoked, shall expire and be renewable after a period of two years. Each certificate
8 must be renewed on or before June 30 of every second year. The [*department*] **board** by rule shall
9 establish a schedule of certificate renewals under this subsection and shall prorate the fees to re-
10 flect any shorter certificate period.
11 (7) Nothing in this chapter authorizes an emergency medical technician or first responder to
12 operate an ambulance without a driver license as required under the Oregon Vehicle Code.
13 **SECTION 27.** ORS 682.220 is amended to read:
14 682.220. (1) The Department of Human Services may deny, suspend or revoke licenses for am-
15 bulances and ambulance services in accordance with the provisions of ORS chapter 183 for a failure
16 to comply with any of the requirements of ORS 820.350 to 820.380 and this chapter or the rules
17 adopted thereunder.
18 (2) The **Oregon State Board of Emergency Responders may deny, suspend or revoke the**
19 certification of an emergency medical technician [*may be denied, suspended or revoked*] **or first**
20 **responder** in accordance with [*the provisions of*] ORS chapter 183 **and ORS 682.224** for any of the
21 following reasons:
22 (a) A failure to have completed successfully a [*department*] **board** approved course.
23 (b) In the case of provisional certifications, failure to have completed successfully a
24 [*department*] **board** approved course.
25 (c) Failure to meet or continue to meet the physical and mental qualifications required to be
26 certified under ORS 682.208.
27 (d) The use of fraud or deception in receiving a certificate.
28 (e) Practicing skills beyond the scope of practice established by the Board of Medical Examiners
29 for the State of Oregon under ORS 682.245.
30 (f) Rendering emergency **care** or nonemergency care under an assumed name.
31 (g) The impersonation of another EMT **or first responder**.
32 (h) Unprofessional conduct.
33 (i) Obtaining a fee by fraud or misrepresentation.
34 (j) Habitual or excessive use of intoxicants or **use of illegal** drugs.
35 (k) The presence of a mental disorder that demonstrably affects an EMT's **or first responder's**
36 performance, as certified by two psychiatrists retained by the [*department*] **board**.
37 (L) Subject to ORS 670.280, conviction of any criminal offense that reasonably raises questions
38 about the ability of the EMT **or first responder** to perform the duties of an EMT **or first**
39 **responder** in accordance with the standards established by this chapter. A copy of the record of
40 conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evi-
41 dence of the conviction.
42 (m) Suspension or revocation of an emergency medical technician **or first responder** certificate
43 issued by another state:
44 (A) For a reason that would permit the [*department*] **board** to suspend or revoke a certificate
45 issued under this chapter; and

1 (B) Evidenced by a certified copy of the order of suspension or revocation.
2 (n) Gross negligence or repeated negligence in rendering emergency medical assistance.
3 (o) Rendering emergency **care** or nonemergency care without being certified except as provided
4 in ORS 30.800.
5 (p) Rendering emergency **care** or nonemergency care as an EMT **or first responder** without
6 written authorization and standing orders from a supervising physician who has been approved by
7 the board in accordance with ORS 682.245.
8 (q) **Failing to cooperate with a board investigation, including but not limited to** refusing
9 an invitation for an interview with the [*department*] **board** as specified in this section.
10 **(r) Violating an order of the board.**
11 (3)**(a)** The [*department*] **board** may investigate any evidence that appears to show that an **ap-**
12 **plicant for certification or an** EMT **or first responder** certified by the [*department*] **board** is or
13 may be medically incompetent, guilty of unprofessional or dishonorable conduct or mentally or
14 physically unable to safely function as an EMT **or first responder**.
15 **(b) The board may require a certificate holder or applicant for certification to undergo**
16 **a psychological, physical, psychiatric or alcohol or chemical dependency assessment if the**
17 **board has reasonable cause to believe that a certificate holder or applicant has a psycholog-**
18 **ical, physical, psychiatric or alcohol or chemical dependency problem that may effect the**
19 **ability of the certificate holder or applicant to perform the duties of an EMT or first**
20 **responder.**
21 **(c)** The [*department*] **board** may investigate the off-duty conduct of an EMT **or first responder**
22 to the extent that such conduct may reasonably raise questions about the ability of the EMT **or**
23 **first responder** to perform the duties of an EMT **or first responder** in accordance with the stan-
24 dards established by this chapter.
25 **(d)** Upon receipt of a complaint about an EMT**, first responder** or applicant, the [*department*]
26 **board** shall conduct an investigation as described under ORS 676.165. An investigation shall be
27 conducted in accordance with ORS 676.175.
28 (4) Any health care facility licensed under ORS 441.015 to 441.087 and 441.820, any medical or
29 osteopathic physician licensed under ORS chapter 677, any owner of an ambulance licensed under
30 this chapter or any EMT certified under this chapter shall report to the [*department*] **board** any
31 information the person may have that appears to show that an EMT **or first responder** is or may
32 be medically incompetent, guilty of unprofessional or dishonorable conduct or mentally or physically
33 unable to safely function as an EMT **or first responder**.
34 (5) If, in the opinion of the [*department*] **board**, it appears that the information provided to [*it*]
35 **the board** under provisions of this section is or may be true, the [*department*] **board** may request
36 an interview with the EMT **or first responder**. At the time the [*department*] **board** requests an
37 interview, the EMT **or first responder** shall be provided with a general statement of the issue or
38 issues of concern to the [*department*] **board**. The request shall include a statement of the procedural
39 safeguards available to the EMT **or first responder**, including the right to end the interview on
40 request, the right to have counsel present and the following statement: "Any action proposed by the
41 [*Department of Human Services*] **Oregon State Board of Emergency Responders** shall provide for
42 a contested case hearing."
43 (6) Information regarding an ambulance service provided to the **board or** Department **of Human**
44 **Services** pursuant to this section is confidential and shall not be subject to public disclosure, nor
45 shall it be admissible as evidence in any judicial proceeding. Information that the **board or** de-

partment obtains as part of an investigation into emergency medical technician**, first responder** or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving emergency medical technician**, first responder** or applicant conduct is confidential as provided under ORS 676.175. Information regarding an ambulance service does not become confidential due to its use in a disciplinary proceeding against an emergency medical technician **or first responder**.

(7) Any person who reports or provides information to the **board or** Department **of Human Services** under this section and who provides information in good faith shall not be subject to an action for civil damage as a result thereof.

(8) In conducting an investigation under subsection (3) of this section, the [*department*] **board** may:

(a) Take evidence;

(b) Take depositions of witnesses, including the person under investigation, in the manner provided by law in civil cases;

(c) Compel the appearance of witnesses, including the person under investigation, in the manner provided by law in civil cases;

(d) Require answers to interrogatories; [*and*]

(e) Compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation[.]**; and**

(f) Require physical, mental or other evaluations at the applicant's or certificate holder's expense.

(9) The [*department*] **board** may issue subpoenas to compel compliance with the provisions of subsection (8) of this section. If any person fails to comply with a subpoena issued under this subsection, or refuses to testify on matters on which the person may lawfully be interrogated, a court may compel obedience as provided in ORS 183.440.

(10) Failure to cooperate with an Oregon State Board of Emergency Responders investigation may be considered unprofessional conduct.

SECTION 28. ORS 682.224 is amended to read:

682.224. (1) The Department of Human Services may discipline[*, as provided in this section,*] an ambulance service [*or*] **and the Oregon State Board of Emergency Responders may discipline** any person certified as an emergency medical technician or first responder in this state who has:

(a) Admitted the facts of a complaint which alleges facts which establish that such person is guilty of violation of one or more of the grounds for suspension or revocation of a certificate as set forth in ORS 682.220 or that an ambulance service has violated the provisions of this chapter or the rules adopted thereunder.

(b) [*Been found guilty*] In accordance with ORS chapter 183**,** [*of violation of*] **been found to have violated** one or more of the grounds for suspension or revocation of certification as set forth in ORS 682.220 or that an ambulance service has violated the provisions of this chapter or the rules adopted thereunder.

(2) The purpose of disciplining an EMT **or first responder** under this section is to ensure that the EMT **or first responder** will provide services that are consistent with the obligations of this chapter. Prior to taking final disciplinary action, the [*department*] **board** shall determine if the EMT **or first responder** has been disciplined for the questioned conduct by the EMT's **or first responder's** employer or supervising physician. The [*department*] **board** shall consider any such discipline or any other corrective action in deciding whether additional discipline or corrective

1 action by the [*department*] **board** is appropriate.
2 (3) In disciplining an EMT**, first responder** or ambulance service as authorized by subsection
3 (1) of this section, the **board or** department may use any or all of the following methods:
4 (a) Suspend judgment.
5 (b) Issue a letter of reprimand.
6 (c) Issue a letter of instruction.
7 (d) Place the EMT**, first responder** or ambulance service on probation.
8 (e) Suspend the EMT **or first responder** certificate or **the** ambulance service license.
9 (f) Revoke the EMT **or first responder** certificate or **the** ambulance service license.
10 (g) Place limitations on the certificate of the EMT **or first responder** to practice emergency
11 **care** or nonemergency care in this state or place limitations on the license of the ambulance service.
12 (h) Take such other disciplinary action as the **board or** department in its discretion finds
13 proper, including assessment of the costs of the disciplinary proceedings as a civil penalty or as-
14 sessment of a civil penalty not to exceed $5,000, or both.
15 (4) In addition to the action authorized by subsection (3) of this section, the **board or** depart-
16 ment may temporarily suspend a certificate or license without a hearing, simultaneously with the
17 commencement of proceedings under ORS chapter 183 if the **board or** department finds that evi-
18 dence in its possession indicates that a continuation in practice of the EMT **or first responder** or
19 operation of the ambulance service constitutes an immediate danger to the public.
20 (5) If**, as set forth in subsection (3)(d) of this section,** the [*department*] **board** places any
21 EMT **or first responder on probation** or **the department places an** ambulance service on pro-
22 bation [*as set forth in subsection (3)(d) of this section*], the **board or** department may determine, and
23 may at any time modify, the conditions of the probation and may include among them any reasonable
24 condition for the purpose of protection of the public and for the purpose of the rehabilitation of the
25 EMT**, first responder** or ambulance service, or both. Upon expiration of the term of probation,
26 further proceedings shall be abated if the EMT**, first responder** or ambulance service has complied
27 with the terms of the probation.
28 (6) If an EMT **or first responder** certified in this state is suspended, the holder of the certif-
29 icate may not practice during the term of suspension.
30 (7) If an ambulance service licensed in this state is suspended, the ambulance service may not
31 operate in this state during the term of the suspension, provided that the department shall condition
32 such suspension upon such arrangements as may be necessary to assure the continued availability
33 of ambulance service in the area served by that ambulance service. Upon expiration of the term of
34 suspension, the certificate or license shall be reinstated by the department if the conditions for
35 which the certificate or license was suspended no longer exist.
36 (8) Whenever an EMT **or first responder** certificate or ambulance service license is denied or
37 revoked for any cause, the **board or** department may, in [*its*] **the board's or department's** dis-
38 cretion, after the lapse of two years from the date of such **denial or** revocation, upon written ap-
39 plication by the person **denied,** formerly certified or licensed and after a hearing, issue or restore
40 the EMT **or first responder** certificate or ambulance service license.
41 (9) Civil penalties under this section shall be imposed as provided in ORS 183.745.
42 **SECTION 29.** ORS 682.245 is amended to read:
43 682.245. (1) The Board of Medical Examiners for the State of Oregon shall adopt by rule a scope
44 of practice for emergency medical technicians **and first responders** at such levels as may be es-
45 tablished by the [*Department of Human Services and for first responders*] **Oregon State Board of**

Emergency Responders.

(2) The Board **of Medical Examiners** shall adopt by rule standards for the qualifications and responsibilities of supervising physicians.

(3) The standing orders for emergency medical technicians and first responders may not exceed the scope of practice defined by the Board **of Medical Examiners**.

(4) No emergency medical technician shall provide patient care or treatment without written authorization and standing orders from a supervising physician who has been approved by the Board **of Medical Examiners**.

(5) The policies and procedures for applying and enforcing this section may be delegated in whole or in part to the [*department*] **Oregon State Board of Emergency Responders**.

SECTION 30. ORS 682.991 is amended to read:

682.991. (1) Violation of any provision of ORS 682.028, 682.047 (5) or 682.204 is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.

(2) Violation of any provision of this chapter is a misdemeanor. In any prosecution for such violation it shall be sufficient to sustain a conviction to show a single act of conduct in violation of any of the provisions of this chapter and it shall not be necessary to show a general course of such conduct.

(3) In addition to the penalties under this section, the **Oregon State Board of Emergency Responders or the** Department of Human Services may assess civil penalties of up to $5,000 per violation against any entity or person licensed under this chapter or subject to licensure under this chapter.

SECTION 31. ORS 146.015 is amended to read:

146.015. (1) There is hereby established the State Medical Examiner Advisory Board.

(2) The advisory board shall make policies for the administration of ORS 146.003 to 146.165 and the Department of State Police shall make rules to effectuate such policies.

(3) The advisory board shall recommend the name or names of pathologists to the Superintendent of State Police from which the superintendent shall appoint the State Medical Examiner.

(4) The State Medical Examiner Advisory Board shall consist of 10 members appointed by the Governor and shall include:

(a) The Chairman of the Department of Anatomic Pathology at the Oregon Health and Science University, who shall be the chairperson of the board;

(b) The State Health Officer;

(c) A sheriff;

(d) A trauma physician recommended by the [*State Trauma Advisory Board*] **Emergency Medical Services and Trauma Systems Program**;

(e) A pathologist;

(f) A district attorney;

(g) A funeral service practitioner and embalmer licensed by the State Mortuary and Cemetery Board;

(h) A chief of police;

(i) A member of the defense bar; and

(j) A member of the public at large.

(5) The persons described in subsection (4)(a) and (b) of this section shall serve as long as they hold their respective positions. The terms of the persons described in subsection (4)(c), (f) and (h) of this section shall be for four years, except that they shall become vacant if the person ceases to

1 be a sheriff, district attorney or chief of police, respectively. The terms of the other members of the
2 board shall be four years.
3 (6) A member of the advisory board is entitled to compensation and expenses as provided in ORS
4 292.495.
5 (7) The advisory board shall meet annually at a time and place determined by the chairperson.
6 The chairperson or any four members of the board may call a special meeting upon not less than
7 one week's notice to the members of the board.
8 (8) Six members of the board shall constitute a quorum.
9 **SECTION 32.** ORS 353.450 is amended to read:
10 353.450. (1) It is the finding of the Legislative Assembly that there is need to provide programs
11 that will assist a rural community to recruit and retain physicians, physician assistants and nurse
12 practitioners. For that purpose:
13 (a) The Legislative Assembly supports the development at the Oregon Health and Science Uni-
14 versity of an Area Health Education Center program as provided for under the United States Public
15 Health Service Act, Section 781.
16 (b) The university shall provide continuing education opportunities for persons licensed to
17 practice medicine under ORS chapter 677 who practice in rural areas of this state in cooperation
18 with the respective professional organizations, including the Oregon Medical Association and the
19 Oregon Society of Physician Assistants.
20 (c) The university shall seek funding through grants and other means to implement and operate
21 a fellowship program for physicians, physician assistants and nurse practitioners intending to prac-
22 tice in rural areas.
23 (2) With the moneys transferred to the Area Health Education Center program by ORS 442.625,
24 the program shall:
25 (a) Establish educational opportunities for emergency medical technicians in rural counties;
26 (b) Contract with educational facilities qualified to conduct emergency medical training pro-
27 grams using a curriculum approved by the Emergency Medical Services and Trauma Systems Pro-
28 gram; and
29 (c) Review requests for training funds with input from the [*State Emergency Medical Service*
30 *Committee*] **Emergency Medical Services and Trauma Systems Program** and other individuals
31 with expertise in emergency medical services.
32 **SECTION 33.** ORS 431.671 is amended to read:
33 431.671. (1) Subject to available funding from gifts, grants or donations, the Emergency Medical
34 Services for Children Program is established in the Department of Human Services. The Emergency
35 Medical Services for Children Program shall operate in cooperation with the Emergency Medical
36 Services and Trauma Systems Program to promote the delivery of emergency medical and trauma
37 services to the children of Oregon.
38 (2) The Department of Human Services shall:
39 (a) Employ or contract with professional, technical, research and clerical staff as required to
40 implement this section.
41 (b) Provide technical assistance to the [*State Trauma Advisory Board*] **emergency medical**
42 **services for children subcommittee of the State Critical Illness and Serious Injury Steering**
43 **Committee** on the integration of an emergency medical services for children program into the
44 statewide emergency medical services and trauma [*system*] **systems**.
45 (c) Provide advice and technical assistance to [*area trauma advisory boards*] **the emergency**

medical services for children subcommittee of the State Critical Illness and Serious Injury Steering Committee on the integration of an emergency medical services for children program into area trauma system plans.

(d) Establish an Emergency Medical Services for Children Advisory Committee.

(e) Establish guidelines for:

(A) The approval of emergency and critical care medical service facilities for pediatric care, and for the designation of specialized regional pediatric critical care centers and pediatric trauma care centers.

(B) Referring children to appropriate emergency or critical care medical facilities.

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

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

(E) Protocols for prehospital and hospital facilities encompassing all levels of pediatric emergency services, pediatric critical care and pediatric trauma care.

(F) Rehabilitation services for critically ill or injured children.

(G) An interfacility transfer system for critically ill or injured children.

(H) Initial and continuing professional education programs for emergency medical services personnel, including training in the emergency care of infants and children.

(I) A public education program concerning the Emergency Medical Services for Children Program including information on emergency access telephone numbers.

(J) The collection and analysis of statewide pediatric emergency and critical care medical services data from emergency and critical care medical service facilities for the purpose of quality improvement by such facilities, subject to relevant confidentiality requirements.

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

(L) Coordination and cooperation between the Emergency Medical Services for Children Program and other public and private organizations interested or involved in emergency and critical care for children.

SECTION 34. ORS 442.507 is amended to read:

442.507. (1) With the moneys transferred to the Office of Rural Health by ORS 442.625, the office shall establish a dedicated grant program for the purpose of providing assistance to rural communities to enhance emergency medical service systems.

(2) Communities, as well as nonprofit or governmental agencies serving those communities, may apply to the office for grants on forms developed by the office.

(3) The office shall make the final decision concerning which entities receive grants, but the office may seek advice from the Rural Health Coordinating Council, the [*State Emergency Medical Service Committee*] **Emergency Medical Services and Trauma Systems Program** and other appropriate individuals experienced with emergency medical services.

(4) The office may make grants to entities for the purchase of equipment, the establishment of new rural emergency medical service systems or the improvement of existing rural emergency medical service systems.

(5) With the exception of printing and mailing expenses associated with the grant program, the

Office of Rural Health shall pay for administrative costs of the program with funds other than those transferred under ORS 442.625.

SECTION 35. ORS 682.031 is amended to read:

682.031. (1) As used in this section, "political subdivision" includes counties, cities, districts, authorities and other public corporations and entities organized and existing under statute or charter.

(2) An ordinance of any political subdivision regulating ambulance services or emergency medical technicians shall not require less than is required under ORS 820.300 to 820.380, or this chapter or the rules adopted by the Department of Human Services **or the Oregon State Board of Emergency Responders** under this chapter.

(3) When a political subdivision enacts an ordinance regulating ambulance services or emergency medical technicians, the ordinance must comply with the county plan for ambulance services and ambulance service areas adopted under ORS 682.062 by the county in which the political subdivision is situated and with the rules of the department relating to such services and service areas. The determination of whether the ordinance is in compliance with the county plan shall be made by the county governing body.

SECTION 36. ORS 682.051 is amended to read:

682.051. (1) A person or governmental unit commits the offense of unlawful operation of an unlicensed ambulance if, on and after July 1, 1983, or the offense of unlawful operation of an unlicensed ambulance service if, on and after July 1, 1994, the person or governmental unit advertises or operates in this state a motor vehicle, aircraft or watercraft ambulance that:

(a) Is not operated by an ambulance service licensed under this chapter;

(b) Is not licensed under this chapter; and

(c) Does not meet the minimum requirements established under this chapter by the Department of Human Services in consultation with the [*State Emergency Medical Service Committee*] **Emergency Medical Services and Trauma Systems Program** for that type of ambulance.

(2) As used in this section, "governmental unit" and "person" have the meaning given those terms in ORS 682.025.

(3) This section does not apply to any ambulance or any person if the ambulance or person is exempted by ORS 682.035 or 682.079 from regulation by the Department of Human Services.

(4) Authority of political subdivisions to regulate ambulance services or to regulate or allow the use of ambulances is limited under ORS 682.031.

(5) The offense described in this section, unlawful operation of an unlicensed ambulance or ambulance service, is a Class A misdemeanor. Each day of continuing violation shall be considered a separate offense.

(6) In addition to the penalties prescribed by subsection (5) of this section, the Department of Human Services may impose upon a licensed ambulance service a civil penalty not to exceed $5,000 for each violation of this chapter and the rules adopted thereunder. Each day of continuing violation shall be considered a separate violation for purposes of this subsection.

SECTION 37. ORS 682.068 is amended to read:

682.068. (1) The Department of Human Services, in consultation with the [*State Emergency Medical Service Committee*] **Emergency Medical Services and Trauma Systems Program**, shall adopt rules specifying minimum requirements for ambulance services, and for staffing and medical and communications equipment requirements for all types of ambulances. The rules shall define the requirements for advanced life support and basic life support units of emergency vehicles, including

1 equipment and emergency medical technician staffing of the passenger compartment when a patient
2 is being transported in emergency circumstances.

3 (2) The department may waive any of the requirements imposed by this chapter in medically
4 disadvantaged areas as determined by the Director of Human Services, or upon a showing that a
5 severe hardship would result from enforcing a particular requirement.

6 (3) The department shall exempt from rules adopted under this section air ambulances that do
7 not charge for the provision of ambulance services.

8 **SECTION 38. Sections 39 to 46 of this 2007 Act are added to and made a part of ORS**
9 **431.607 to 431.671.**

10 **SECTION 39. If the Governor is unavailable to exercise in a timely manner the authority**
11 **granted under section 40 of this 2007 Act, the Director of Human Services may exercise that**
12 **authority, and if the director is unavailable a designee of the director within the Department**
13 **of Human Services may exercise the authority. Any orders, rules or regulations issued by**
14 **the director or the designee of the director have the same force and effect as if issued by**
15 **the Governor.**

16 **SECTION 40. The Governor may assign and make available for use and duty, in any**
17 **county, city or political subdivision, under the direction and command of an officer desig-**
18 **nated by the Governor, any emergency medical care provider staff or equipment of an**
19 **emergency medical services agency in this state, other than staff or equipment of an agency**
20 **that possesses only one ambulance or one medical emergency response vehicle. The Governor**
21 **may make any emergency medical care provider staff or an emergency medical services**
22 **agency, or any equipment of an emergency medical services agency, available under this**
23 **section in response to a request for aid from a county, city or other political subdivision that**
24 **indicates there is an emergency medical situation that overwhelms local emergency medical**
25 **service resources of the jurisdiction making the request for aid.**

26 **SECTION 41. When any equipment is used pursuant to section 40 of this 2007 Act, the**
27 **state shall be liable for any loss of or damage to the equipment and shall pay any expense**
28 **incurred in the operation or maintenance of the equipment. No claim for any loss, damage**
29 **or expense shall be allowed unless, within 60 days after the loss, damage or expense has been**
30 **sustained or incurred, or within an extension of time as may have been obtained from the**
31 **Department of Human Services, an itemized notice of the claim, under oath, is served by**
32 **mail or in person upon the Department of Human Services. The loss, damage or expense**
33 **shall be payable from the Emergency Fund of the state.**

34 **SECTION 42. Whenever aid is supplied pursuant to section 40 of this 2007 Act, the state**
35 **shall reimburse the emergency medical services agency supplying the aid for the compen-**
36 **sation paid to employees supplied under section 40 of this 2007 Act while the rendering of the**
37 **aid prevents the employees from performing their duties for the agency by which they are**
38 **employed and shall defray the actual traveling and maintenance expenses of the employees**
39 **while they are rendering the aid. The provisions of sections 40 to 42 of this 2007 Act apply**
40 **with equal effect to all employees who are rendering aid under those provisions. As used in**
41 **this section, "employees" means all emergency medical care providers, whether paid, volun-**
42 **teer or on call.**

43 **SECTION 43. The Governor may make, amend and rescind any orders, rules and regu-**
44 **lations as are necessary or advisable to carry out the provisions of sections 40 to 42 of this**
45 **2007 Act. Any order issued by the Governor in relation to carrying out the provisions of**

1 **sections 40 to 42 of this 2007 Act may be either written or oral. If written, a copy of an order**
2 **shall be filed in the office of the Secretary of State and another copy dispatched as soon as**
3 **possible to the emergency medical services agency affected. Immediately thereafter the or-**
4 **der, rule or regulation shall be in effect. Oral orders may be made by the Governor when,**
5 **in the opinion of the Governor, the emergency is such that delay in issuing a written order**
6 **would be dangerous to the welfare of the people of the state. Written copies of the oral order**
7 **shall be filed and dispatched as soon after issuing the oral order as is conveniently possible**
8 **in the manner provided in this section for written orders.**
9 **SECTION 44. The Department of Human Services shall prepare plans for effectively car-**
10 **rying out sections 40 to 42 of this 2007 Act and provide advice and counsel to the Governor**
11 **for the most practical utilization of the emergency medical services of this state as author-**
12 **ized under section 40 of this 2007 Act.**
13 **SECTION 45. Neither the state nor any county, city, other political subdivision or emer-**
14 **gency medical services agency, or any emergency medical care provider acting as the agent**
15 **of any of the foregoing is liable for any injury to person or property resulting from the per-**
16 **formance of any duty imposed by the authority of sections 40 to 42 of this 2007 Act. A person**
17 **carrying out the provisions of sections 40 to 42 of this 2007 Act, or acting within the scope**
18 **of any duty imposed by authority of the provisions of sections 40 to 42 of this 2007 Act, is**
19 **not subject to civil liability for those actions. However, a person may be liable for injury to**
20 **person or property resulting from the willful misconduct or gross negligence of the person.**
21 **SECTION 46. The state shall draw warrants on the State Treasurer for the payment of**
22 **all duly approved claims lawfully incurred pursuant to sections 40 to 42 of this 2007 Act.**
23 **SECTION 47. ORS 431.609, 431.613, 431.617, 431.619, 431.627, 431.633 and 682.039 are re-**
24 **pealed.**
25