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PERMANENT ADMINISTRATIVE ORDER

PH 24-2017
CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED

12/21/2017 1:14 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Prehospital Patient Care Reporting

EFFECTIVE DATE: 01/01/2018

AGENCY APPROVED DATE: 12/15/2017

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RULES:

333-250-0205, 333-250-0210, 333-250-0310, 333-250-0315, 333-250-0340

AMEND: 333-250-0205

RULE TITLE: Definitions

NOTICE FILED DATE: 10/27/2017

RULE SUMMARY: Adds definitions for purposes of patient care reporting rules

RULE TEXT:

- (1) "Advertise" means to communicate information to the public, or to any person concerned, by any oral, written, or graphic means including, but not limited to, pamphlets, newspapers, television, billboards, radio, Internet and telephone directories.
- (2) "Agent" has the same meaning given that term in OAR 847-035-0001.
- (3) "Ambulance" or "ambulance vehicle" means any privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.
- (4) "Ambulance based clinician":
 - (a) Means a registered nurse, physician, or physician assistant who:
 - (A) Has an active license in Oregon and is in good standing with the Oregon Board of Nursing or the Oregon Medical Board; and
 - (B) Staffs an ambulance for a licensed ambulance service.
 - (b) Includes an EMS medical director or agent that staffs an ambulance.
- (5) "Ambulance service" means a person, governmental unit, or other entity that operates ambulance(s) and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.
- (6) "Ambulance service administrator" means an individual responsible for the professional, supervisory and administrative work in the operation of the ambulance service and its staff.
- (7) "Ambulance service area (ASA)" means a geographic area served by one ground ambulance service provider, and

may include all or portion of a county, or all or portions of two or more contiguous counties.

(8) "Ambulance service license" means the documents issued by the Authority to the owner of an ambulance service when the service is found to be in compliance with ORS chapter 682; OAR chapter 333, division 255 and these rules.

(9) "Authority" means the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority.

(10) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.

(11) "Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in 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 include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(12) "EMS" means Emergency Medical Services.

(13) "EMS medical director" has the same meaning as "supervising physician" in ORS 682.025.

(14) "Emergency medical services provider (EMS provider)" has the meaning given that term in ORS 682.025.

(15) "Employee" means any full-time paid or part-time paid person acting within the scope of his or her duties and for or on behalf of an ambulance service.

(16) "Fraud or deception" means the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact or any other means by which misinformation or false impression is knowingly given.

(17) "NEMSIS" means the National EMS Information System.

(18) "Non-emergency 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 Oregon Medical Board in the course of providing prehospital care as defined in this rule.

(19) "Outcome data" means the data collected by an Oregon trauma center on a trauma patient and identified in Appendix 2.

(20) "OREMSIS" means the Oregon Emergency Medical Services Information System.

(21) "OTR" means the Oregon Trauma Registry data system.

(22) "Owner" means the person having all the incidents of ownership in an ambulance service or an ambulance 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.

(23) "Non-transporting emergency medical services (EMS) agency" means any individual, partnership, corporation, association, governmental agency or unit or other entity that uses licensed EMS providers to provide emergency care or non-emergency care in the out-of-hospital environment to persons who are ill or injured, but does not transport patients.

(24) "Paramedic" means a person who is licensed by the Authority as a Paramedic.

(25) "Patient" means a person who is ill or injured or who has a disability and who is transported in an ambulance.

(26) "Patient care report (PCR)" means an Authority-approved paper form or an electronic field data format (ePCR) that is completed by an EMS provider or ambulance based clinician for all patients receiving prehospital assessment, care or transportation to a medical facility.

(27) "Patient encounter data" means the prehospital data collected by an EMS provider responding to a scene where patient contact is initiated and identified in Appendix 1.

(28) "Person" has the meaning given that term in ORS 174.100.

(29) "Physician" means a person licensed under ORS chapter 677, actively registered and in good standing with the Oregon Medical Board as a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO).

(30) "Prehospital care" means care rendered by EMS providers as an incident of the operation of an ambulance and care rendered by EMS providers as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined in this rule.

(31) "Procedure" means a written, dated and signed course of action to carry out a directive. A procedure must be able to answer the questions: who, what, why, when and where.

(32) "Qualified driver" means someone who is not licensed by the Authority and who meets Authority requirements to operate a ground ambulance.

(33) "Volunteer" means a person who is not compensated for their time to staff an ambulance or EMS agency, but who may receive reimbursement for personal expenses incurred.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0210

RULE TITLE: Application for an Ambulance Service License

NOTICE FILED DATE: 10/27/2017

RULE SUMMARY: Revises information that must be submitted with application to license an ambulance service. Information must include identification of patient encounter data software, vendor contact information and the version of the NEMSIS data dictionary used.

RULE TEXT:

- (1) Any person who furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the provision of ambulance service must be licensed by the Authority and comply with ORS chapter 682; OAR chapter 333, division 255 and these rules before offering such service to the public.
- (2) An applicant for an ambulance service license must:
 - (a) Possess at least one ambulance, facilities, equipment, and a communications system meeting the requirements of these rules and OAR chapter 333, division 255;
 - (b) Have adequate staffing that supports the type of service, local call volume and the needs of the area as approved by the Authority; and
 - (c) Comply with all applicable state and federal regulations if laboratory tests are conducted by the ambulance service.
- (3) An application for a license to operate an ambulance service shall be submitted electronically in a manner prescribed by the Authority and shall include, but is not limited to, the following information:
 - (a) The name and address of the person or public entity owning the ambulance service;
 - (b) If other than the applicant's true name, the name under which the applicant is doing business;
 - (c) A corporation, limited partnership, or limited liability company shall attach to the application:
 - (A) A written statement from the Oregon Secretary of State's Corporation Division that the ambulance service is registered in accordance with the requirements of the Secretary of State's Corporation Division and that the ambulance service is in good standing, has filed required annual reports and has paid all registration fees;
 - (B) The name of the registered agent of the ambulance service that is on file with the Secretary of State's Corporation Division; and
 - (C) All trade names recorded with the Secretary of State's Corporation Division for the business entity, and if the business entity is a subsidiary, all trade names or names of all other subsidiaries recorded with the Secretary of State's Corporation Division.
 - (d) A public agency shall attach to the application documentation from an applicable local city or county agency authorizing operation as an ambulance service;
 - (e) Documentation clearly defining the organizational structure including responsibility, authority and chain of command for all necessary functions within the organization;
 - (f) The name of the principal contact person that the ambulance service wants contacted regarding official communications from the Authority, if different than the person identified in subsection (3)(a) of this rule;
 - (g) The mailing and actual street address of the principal place of business of the ambulance service and the actual street address of all fixed locations where an ambulance is parked when not in operation;
 - (h) Proof of financial responsibility as specified in ORS 682.105;
 - (i) Copies of all licenses issued by the Federal Communications Commission (FCC) for the operation of the ambulance service's communications equipment and radio configuration data as required by OAR 333-250-0290 or written authorization from a FCC license holder to use the license holder's frequencies;
 - (j) If laboratory tests are conducted that require a Clinical Laboratory Improvement Amendment (CLIA) Certificate or CLIA Certificate of Waiver, a copy of the certificate(s);
 - (k) A copy of the licensed ambulance service's Air Carrier Operating Certificate, if the service will be operating an air ambulance;
 - (l) Copies of all primary modes of advertising used by an ambulance service, including but not limited to, brochures and

website addresses;

(m) A copy of the paper PCR or, if collecting an ePCR, the name of the software used to report patient encounter data as described in OAR 333-250-0310, as well as the name, address, and contact person of the vendor and the version of the NEMESIS data dictionary used;

(n) The name of the approved EMS medical director and any designated agent(s) meeting the requirements in OAR 333-250-0300;

(o) A roster of all EMS providers, ambulance based clinicians, and qualified drivers specifying who shall either operate an ambulance or attend to patients, or both, along with the following information for each employee and volunteer:

(A) The full legal name;

(B) The employment status as either full-time paid, part-time paid or volunteer;

(C) The level of professional license held; and

(D) License numbers, including EMS provider license numbers, driver and pilot license numbers for those persons operating the ambulance.

(p) A list of all ambulances to be operated by the ambulance service under the ambulance service license along with photos and the information required for an ambulance license pursuant to OAR chapter 333, division 255;

(q) A statement under the penalties of perjury that certifies the following:

(A) There has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service license to operate in the State of Oregon. Where an applicant relies on documents submitted by employees, volunteers, ambulance based clinicians, agents or EMS medical directors, the applicant has made a reasonable effort to verify the validity of those documents;

(B) The applicant authorizes any persons or entities, including but not limited to hospitals, institutions, organizations, or governmental entities to release to the Authority any information, files, or records requested by the Authority in connection with the processing of an application; and

(C) Upon receiving an ambulance service license, the licensed ambulance service authorizes to release information by insurance companies, physicians, health care facilities (including but not limited to, hospitals, nursing homes, urgent care centers or primary care facilities) to the Authority relating to services provided by the ambulance service to those facilities or to patients being taken from or to those facilities.

(r) The completed application must contain the signature(s) of the person(s) having the lawful responsibility for the overall operation of an ambulance service or the authorized person empowered to sign on behalf of the ambulance service; and

(s) Such other information as the Authority may reasonably require.

(4) If the applicant's primary ambulance service business office is located in another state, the applicant must:

(a) Meet requirements listed in sections (1) through subsection (3)(s) of this rule; and

(b) Attach copies of current ambulance service and ambulance license(s) for that state to the application.

(5) The completed application to license an ambulance service must be accompanied by a nonrefundable licensing fee in accordance with ORS 682.047.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0310

RULE TITLE: Patient Care Report

NOTICE FILED DATE: 10/27/2017

RULE SUMMARY: Requires licensed ambulance service to complete electronic patient care report and prescribes submission timelines. Specifies that non-transporting EMS agencies that choose to participate in electronic patient care reporting must comply with specified rules. Clarifies responsibility of the licensed ambulance service when a patient is transferred to a hospital or receiving facility. Also clarifies responsibility of licensed ambulance that has received a waiver for electronic patient care reporting. Removes unnecessary language relating to patient care reporting policies and clarifies data use purposes. Specifies that the Authority will provide technical assistance to agencies.

RULE TEXT:

- (1) A licensed ambulance service must complete an electronic PCR in each instance where patient contact is initiated. The PCR shall include the data elements identified in section (5) of this rule.
 - (a) A complete PCR shall be submitted to:
 - (A) OREMSIS within 24 hours of patient contact; and
 - (B) A hospital or facility receiving the patient within 24 hours of the patient being transported.
 - (b) Only one PCR is required per patient contact. The licensed ambulance service agency or the non-transporting EMS agency providing patient care shall complete the PCR.
- (2) A non-transporting EMS agency that submits PCR data to OREMSIS must comply with OAR 333-250-0315 and section (1), subsection (5)(a), sections (7) through (9) and section (11) of this rule.
- (3) At the time a patient is transferred to a hospital or a receiving facility, the licensed ambulance service shall ensure that personnel relay pertinent patient care information to the hospital or receiving facility staff prior to leaving the hospital or receiving facility. Pertinent patient care information may be shared orally or in paper form. The hospital or receiving facility may request additional information.
- (4) A licensed ambulance service that has received a waiver from the Authority in accordance with OAR 333-250-0340 for electronic PCR reporting shall ensure that a complete, paper PCR is prepared by ambulance personnel and delivered to appropriate hospital staff at the time patient care is transferred. If the ambulance service is unable to complete the paper PCR at the time patient care is transferred, it shall ensure that personnel relay pertinent patient care information in accordance with section (3) of this rule.
- (5) A licensed ambulance service must ensure that a PCR contains:
 - (a) Data points as defined in the National Highway Transportation Safety Administration NEMSIS data dictionary, using a version determined by the Authority; and
 - (b) For any patient meeting the criteria for trauma patient as defined in OAR 333-200-0010:
 - (A) The trauma band number; and
 - (B) Triage criteria as defined in OAR chapter 333, division 200, Exhibit 2.
- (6) Notwithstanding the requirements in this rule, a completed PCR is not required when:
 - (a) There is a disaster or a multiple patient incident consisting of more than five patients or the number of patients prescribed in the county's ASA plan, and which results in a single ambulance transporting two stretcher patients at the same time or when an ambulance is required to make more than one trip to and from the incident site.
 - (b) In the situation described in subsection (6)(a) of this rule, the following information is acceptable patient care documentation as allowed by the triage tag used by the licensed ambulance service:
 - (A) The trauma system identification bracelet number or other identifier if not a trauma;
 - (B) A record of the times and results of vital signs and list of injuries; and
 - (C) A record of the times and types of treatment given.
- (c) Every reasonable attempt must be made by the ambulance personnel or ambulance based clinicians to complete an approved PCR for each patient at the conclusion of the incident. The following minimum information is required:
 - (A) The time the crew assumed care;

- (B) The time the patient was dropped off at the hospital; and
 - (C) The triage tag number or other identifier.
- (7) The licensed ambulance service is responsible for:
- (a) Storing PCRs in a secure manner, with limited access to the PCRs by office and ambulance personnel;
 - (b) Organizing the PCRs in a manner that will allow an authorized ambulance service representative to locate a PCR within a reasonable amount of time, given a patient's name and the date and time of the ambulance call;
 - (c) Establishing a procedure for releasing a PCR;
 - (d) Protecting the confidentiality of patient information including during quality improvement sessions by limiting access to the PCR. All persons having access to PCRs must sign a confidentiality statement; and
 - (e) Establishing a procedure for the method and verification of the destruction of a PCR which includes at a minimum:
 - (A) A medical record or report about a patient may not be destroyed for 10 years after the record or report is made, or longer if so required by law or regulation unless the patient is notified; and
 - (B) In the case of a minor patient, a medical record or report may not be destroyed until the patient attains the age of majority plus three years or for 10 years after the record or report is made, whichever is later, unless the parent or guardian of the minor patient is notified.
- (8) In accordance with paragraph (7)(e)(B), the notification of a minor patient or the parent or guardian of the minor patient of the potential destruction of a prehospital care report must:
- (a) Be made by first class mail to the last known address of the patient;
 - (b) Include the date on which the record of the patient shall be destroyed; and
 - (c) Include a statement that the record or synopsis of the record, if wanted, must be retrieved at a designated location within 30 days of the proposed date of destruction.
- (9) A PCR is considered protected health information and may only be used or disclosed in accordance with state and federal privacy regulations.
- (10) A PCR must be made available for review and duplication when requested by the Authority as authorized by ORS 41.675 and 41.685.
- (11) In accordance with policies adopted by the Authority, PCR data may be made available upon approval by the Authority for the purposes of:
- (a) Quality assurance;
 - (b) Quality improvement;
 - (c) Public health activities; or
 - (d) Research, if an institutional review board has approved the research in accordance with 45 CFR 46.
- (12) The Authority will provide information and technical assistance to licensed ambulance service agencies in reporting patient encounter data and interoperability.
- (13) A licensed ambulance service as of January 1, 2018, shall comply with the electronic patient care reporting requirements prescribed in section (1) of this rule or request a waiver no later than January 1, 2019.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068, 682.056

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-250-0315

RULE TITLE: Electronic Transfer and Access of Patient Encounter and Outcome Data

NOTICE FILED DATE: 10/27/2017

RULE SUMMARY: Identifies requirements for transfer of and access to patient encounter and patient outcome data from licensed ambulance service agencies, Oregon trauma hospitals and non-transporting EMS agencies.

RULE TEXT:

- (1) A licensed ambulance service agency shall have access to patient outcome data through OREMSIS and shall not access information for any other purpose than that specifically authorized by law.
- (2) An Oregon trauma hospital shall have access to patient encounter data through the OTR and shall not access information for any other purpose than that specifically authorized by law.
- (3) The Authority may require that each licensed ambulance service and Oregon trauma center enter into a data use agreement with the Authority, as prescribed by the Authority that governs the use and disclosure of patient encounter data and outcome data.
- (4) A data use agreement shall be reviewed and updated as required by the Authority's Information and Security and Privacy Office.
- (5) The Authority shall ensure that:
 - (a) The patient encounter data identified in Appendix 1 is transferred to and made available through the OTR within 60 days of a patient encounter where the patient has been identified as a trauma patient.
 - (b) The patient outcome data identified in Appendix 2 is transferred to OREMSIS within 60 days.
- (6) An EMS medical director, ambulance service administrator or delegate are the only individuals permitted to access the patient outcome data from OREMSIS.
- (7) A non-transporting EMS agency that chooses to voluntarily, electronically report a PCR in accordance with OAR 333-250-0310 may have access to patient outcome data in the same manner as identified in this rule. A non-transporting EMS agency administrator, supervising physician or delegate shall be the only individuals permitted to have access to the patient outcome data from OREMSIS.
- (8) The Authority may access patient encounter and outcome data for the purposes of quality assurance, quality improvement, public health activities, and research.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.056, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

OAR 333-250-0315

APPENDIX 1

Patient Encounter Data Transferred to Oregon Trauma Registry

Field Name	Description	Field Name	Description
dAgency.01	EMS Agency Unique State ID	eSituation.01	Date/Time of Symptom Onset
dAgency.02	EMS Agency Number	eSituation.14	Work-Related Illness/Injury
dAgency.04	EMS Agency State	eSituation.15	Patient's Occupational Industry
eRecord.01	Patient Care Report Number	eSituation.16	Patient's Occupation
eResponse.01	EMS Agency Number	eInjury.01	Cause of Injury
eResponse.03	Incident Number	eInjury.03	Trauma Center Criteria
eResponse.05	Type of Service Requested	eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor
eResponse.07	Primary Role of the Unit	eInjury.07	Use of Occupant Safety Equipment
eResponse.14	EMS Unit Call Sign	eInjury.08	Airbag Deployment
eTimes.03	Unit Notified by Dispatch Date/Time	eArrest.01	Cardiac Arrest
eTimes.06	Unit Arrived on Scene Date/Time	eVitals.01	Date/Time Vital Signs Taken
eTimes.07	Unit Arrived at Patient Date/Time	eVitals.02	Obtained Prior to this Unit's EMS Care
eTimes.09	Unit Left Scene Date/Time	eVitals.06	SBP (Systolic Blood Pressure)
eTimes.11	Patient Arrived at Destination Date/Time	eVitals.10	Heart Rate
ePatient.02	Last Name	eVitals.12	Pulse Oximetry
ePatient.03	First Name	eVitals.14	Respiratory Rate
ePatient.04	Middle Initial/Name	eVitals.19	Glasgow Coma Score-Eye
ePatient.13	Sex	eVitals.20	Glasgow Coma Score-Verbal
ePatient.17	Date of Birth	eVitals.21	Glasgow Coma Score-Motor
eScene.09	Incident Location Type	eVitals.23	Total Glasgow Coma Score
eScene.15	Incident Street Address	eProcedures.03	Procedure
eScene.17	Incident City	eDisposition.01	Destination/Transferred To, Name
eScene.18	Incident State	eDisposition.02	Destination/Transferred To, Code
eScene.19	Incident ZIP Code	eDisposition.12	Incident/Patient Disposition
eScene.21	Incident County		
eScene.22	Incident Country		

OAR 333-250-0315

APPENDIX 2

Patient Outcome Data Transferred to Oregon Emergency Medical Services Information System

NEMESIS Field Name	Description	NTDS Field Name	Description
dAgency.01	EMS Agency Unique State ID		(From original PCR)
dAgency.02	EMS Agency Number		(From original PCR)
dAgency.04	EMS Agency State		(From original PCR)
eRecord.01	Patient Care Report Number		(From original PCR)
eOutcome.01	Emergency Department Disposition	ED_20	EdDischarge Disposition
eOutcome.02	Hospital Disposition	O_05	Hospital Discharge Disposition
eOutcome.03	External Report ID/Number Type		4303025 (Trauma Registry)
eOutcome.04	External Report ID/Number	C_02	PatientId (including site ID)
eOutcome.07	First ED Systolic Blood Pressure	ED_03	Sbp
eOutcome.08	Emergency Department Recorded Cause of Injury	I_06	PrimaryECodeIcd10
eOutcome.12	Hospital Procedures	HP_01	HospitalProcedureIcd10
eOutcome.13	Hospital Diagnosis	DG_02	DiagnosisIcd10
eOutcome.14	Total ICU Length of Stay	O_01	TotalIcuLos
eOutcome.15	Total Ventilator Days	O_02	TotalVentDays
eOutcome.16	Date/Time of Hospital Discharge	O_03 O_04	HospitalDischargeDate HospitalDischargeTime

AMEND: 333-250-0340

RULE TITLE: Waiver or Variance from Standards

NOTICE FILED DATE: 10/27/2017

RULE SUMMARY: Adds definition for a waiver and a variance. Clarifies that a licensed ambulance service may request and the Authority may approve a waiver from requirements established in statute or rule.

RULE TEXT:

(1) As used in this rule:

(a) "Waiver" means the Authority has excused compliance with a specific rule.

(b) "Variance" means the Authority has permitted a change or deviation from an existing rule.

(2) While a licensed ambulance service is required to maintain continuous compliance with the Authority's rules, these requirements do not prohibit the use of alternative concepts, methods, procedures or techniques. A licensed ambulance service may request a waiver or variance from the requirements established in ORS 820.330 to 820.380, ORS chapter 682 and these rules when:

(a) The licensed ambulance service believes that compliance with a rule is inappropriate because of special circumstances which would render compliance unreasonable, burdensome, or impractical due to special conditions or causes, or because compliance would result in substantial curtailment of necessary ambulance service; and

(b) A city ordinance or county ASA plan exists, and the licensee has presented his or her request for a waiver or variance to the local city or county governing body and that body has given their approval for the proposed waiver or variance.

(3) A request for a waiver or variance must be submitted to the Authority in writing and include the following information:

(a) The specific rule for which a waiver or variance is requested;

(b) A description of the special circumstances relied upon to justify the waiver or variance;

(c) What alternatives were considered, if any and why alternatives (including compliance) were not selected;

(d) An explanation of why the proposed waiver or variance will not jeopardize patient health and safety;

(e) The proposed duration of the waiver or variance; and

(f) A detailed and realistic plan to resolve the need for a future waiver or variance.

(4) The request for a waiver or variance may be presented to the State Emergency Medical Service Committee at a regularly scheduled meeting. The EMS Director or EMS Deputy Director, after considering the Committee's recommendation, when requested, may grant a waiver or variance.

(a) A waiver or variance shall be granted for a period of time as prescribed by the Authority; and

(b) A subsequent waiver or variance may only be granted when the licensed ambulance service has demonstrated to the Authority, insofar as possible, adequate progress in resolving the need for the initial waiver or variance as described in the plan.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068, 682.079

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991