



NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED

12/09/2025 12:27 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: State Emergency Registry of Volunteers in Oregon (SERV-OR)

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/21/2026 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Public Health Division
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 01/16/2026

TIME: 10:00 AM

OFFICER: Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-277-2343

CONFERENCE ID: 953869438

SPECIAL INSTRUCTIONS:

This hearing is being held remotely via Microsoft Teams. To provide oral (spoken) testimony during this hearing, please contact publichealth.rules@odhsoha.oregon.gov to register to receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971-277-2343, Phone Conference ID 953 869 438# for audio (listen) only. This hearing will close no later than 11:00AM but may close as early as 10:30AM if everyone who signs up to provide testimony has been heard from.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or publichealth.rules@odhsoha.oregon.gov at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

NEED FOR THE RULE(S)

The Oregon Health Authority (OHA), Public Health Division is proposing to amend Oregon Administrative Rules

relating to the registration and activation of emergency health care services volunteers in response to the passage of Senate Bill 837 (Oregon Laws 2025, chapter 622) during the 2025 Legislative Session.

SB 837 updated ORS 401.654-401.670 which authorizes the Oregon Health Authority emergency health care volunteer program, known as the State Emergency Registry of Volunteers in Oregon (SERV-OR). The passage of the bill updated the statutes to:

- (1) Allow OHA to register administrative and support personnel, in addition to the licensed health care providers already authorized;
- (2) Allow OHA to deploy volunteers year-round for local outbreaks and other needs, rather than only larger state-declared events after specific declarations or determinations;
- (3) Clarify that OHA can provide workers' compensation, as required by existing statutes but which needed supportive language in some areas; and
- (4) Align with current practice and clarify that OHA can conduct health screenings so as not to deploy volunteers in unsafe conditions and create risk to the state and volunteers.

OHA is proposing to permanently update the appropriate administrative rules to help implement the changes in program operations.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Oregon Revised Statutes chapter 401:

https://www.oregonlegislature.gov/bills_laws/pages/ors.aspx

Senate Bill 837 (2025 session):

<https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB837/Enrolled>

Minutes of the Rule Advisory Committee available by calling Public Health Emergency Preparedness Program 971-673-1315.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Adoption of the rules is expected to support racial equity by:

1. Allowing OHA to deploy SERV-OR volunteers year-round expands the agency's ability to support community health centers and other community-based organizations that currently serve communities of color and low-income individuals. This expansion strengthens existing partnerships and helps fortify the capacity of organizations doing critical equity centered work for our communities. During the COVID-19 pandemic, OHA saw a significant increase in demand for SERV-OR volunteers, and their support had a positive impact on health outcomes for communities across Oregon. Extending this capacity allows OHA to continue that impact and deepen collaboration with trusted community partners.
2. Expanding the SERV-OR volunteer pool beyond licensed health care providers to include administrative and support personnel broadens opportunities for diverse participation and access. This change allows OHA to build a more diverse volunteer base that better reflects Oregon's communities especially Black, Indigenous, and Communities of Color. Licensed health care providers from communities of color and low-income backgrounds are often underrepresented in the health care workforce due to systemic barriers, however this expansion reduces restrictions and increases access to volunteers with valuable lived and professional experience. It can also provide meaningful career development opportunities for volunteers engaged in these deployments

FISCAL AND ECONOMIC IMPACT:

OHA will see more volunteer deployments that are outside of a declared emergency, for seasonal vaccination clinics, community health care events, and urgent response to outbreaks that do not arise to a Governor's declared emergency. Deployments can have some minimal costs to the state, such as food, transportation and lodging for these volunteers. The OHA managing program will need to be judicious in limiting the new scope in order not to exceed the capacity of the one full-time equivalent (FTE) staff person that manages this work. At the same time, the expansion of membership to year-round activities as well as to non-licensed administrative and support personnel may make significant support from volunteers available to the state program to help prepare the registrants for deployment through administrative and training activities.

Regarding potential fiscal impact to the state from tort or injury claims, in preparation for SB 837, OHA requested all claims data related to SERV-OR. For the 17 years and nearly 3,000 missions, there have only been 10 injuries, of which five led to claims, and only one payment for \$2,181. OHA will continue to maintain a risk-averse, conservative deployment of volunteers with attention to safety. OHA specifically limits risk to the state by limiting coverage to on-scene volunteering time, and not travel or other time.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) See above impacts to OHA.

Community health clinics, community-based organizations, and local and Tribal public health authorities are likely to benefit from the donated time of SERV-OR volunteers that is enabled by the expansion of the SERV-OR volunteer activities outside of declared emergencies and with the expansion of members to include administrative and support personnel. Community health care events frequently need intermittent health care provider support, and benefit from volunteer health care providers who are not remunerated for their services under normal insurance reimbursement restrictions. Community based organizations, such as community or Tribal clinics, can successfully utilize volunteer health care providers in situations where private contract staffing is a major barrier. Outside of emergency situations, volunteer units nationwide often play a crucial role in supporting communities that disproportionately lack access to preventative healthcare services, emergency preparedness education, and essential skills for resilience post-emergencies.

There is no anticipated cost of compliance impact to the public.

(2)(a) Small businesses are not subject to the rules. The rules cover individuals who are registering as licensed health care emergency workers and will not affect small business.

(b) There are no anticipated costs to small businesses for projected reporting, recordkeeping and other administrative activities required for compliance, as small businesses are not subject to the rules.

(c) There are no anticipated costs to small businesses for equipment, supplies, labor and increased administration required for compliance, as small businesses are not subject to the rules.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

No specific involvement of small businesses has been identified, as the rule relates to the state-managed volunteer health care program which typically serves in operations directed by a public body.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

333-003-0010, 333-003-0020, 333-003-0040, 333-003-0050, 333-003-0065, 333-003-0070, 333-003-0080, 333-003-0100, 333-003-0105, 333-003-0110, 333-003-0115, 333-003-0116, 333-003-0117, 333-003-0118, 333-003-0119, 333-003-0120, 333-003-0125, 333-003-0130, 333-003-0140, 333-003-0200, 333-003-0210

AMEND: 333-003-0010

RULE SUMMARY: Amend 333-003-0010: amending title and updating statutory references. Updating definition of "State Public Health Director" to use more inclusive language. Adding a definition for "these rules."

CHANGES TO RULE:

333-003-0010

~~Impending Public Health Emergency: Definitions ¶¶~~

For purposes of OAR 333-003-0020 through 333-003-0080, the following definitions apply:¶¶

- (1) "Authority" means the Oregon Health Authority.¶¶
- (2) "Bioterrorism" has the meaning given that term in ORS 433.442.¶¶
- (3) "Communicable disease" has the meaning given that term in ORS 431.260A.005.¶¶
- (4) "Condition of public health importance" has the meaning given that term in ORS 431.260A.005.¶¶
- (5) "Health care provider" has the meaning given that term in ORS 433.443.¶¶
- (6) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and regulations adopted there under by the United States Department of Health and Human Services.¶¶
- (7) "Individually identifiable health information" has the meaning given that term in ORS 433.443.¶¶
- (8) "Local public health administrator" has the meaning given that term in ORS 431.003.¶¶
- (9) "Local public health authority" has the meaning given that term in ORS 431.003.¶¶
- (10) "Public health emergency" has the meaning given that term in ORS 433.442.¶¶
- (11) "Public health law" has the meaning given that term in ORS 431A.005.¶¶
- (12) "Reportable disease" has the meaning given that term in ORS 431A.005.¶¶
- (13) "State Public Health Director" is the person appointed by the Director of the Oregon Health Authority under ORS 431.035(3) or ~~his or her designee~~ the State Public Health Director's designee.¶¶
- (14) "These rules" means OAR 333-003-0010 to 333-003-0210.

Statutory/Other Authority: ORS 413.042, 431A.020

Statutes/Other Implemented: ORS 433.441 - 433.452, 431A.015

AMEND: 333-003-0020

RULE SUMMARY: Amend OAR 333-003-0020: Amending title and updating statutory references

CHANGES TO RULE:

333-003-0020

~~Impending Public Health Crisis:~~ Authority of the Public Health Director During a Public Health Emergency **II**

(1) If the Governor declares a Public Health Emergency under ORS 433.441 the Public Health Director may take any action authorized in ORS 433.443 or 431.264A.015.**¶**

(2) If the Governor has not declared a public health emergency but the Public Health Director determines that public health actions in addition to those routinely taken by the Oregon Health Authority, the Public Health Director, the local public health authority or local public health administrator are necessary to respond to a public health threat, the Public Health Director may, with approval from the Governor or designee of the Governor, take any action authorized in ORS 431.264A.015.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS ~~431.262~~, ~~431.264A.010~~, ORS 431A.015, 433.441 - 433.452

AMEND: 333-003-0040

RULE SUMMARY: Amend OAR 333-003-0040: Amending title

CHANGES TO RULE:

333-003-0040

~~Impending Public Health Emergency:~~ Diagnostic and Treatment Protocols ¶¶

(1) If the Public Health Director creates diagnostic and treatment guidelines or protocols in response to an emergency under ORS 431A.015 or a declared public health emergency under 433.441, the Director shall consult with appropriate medical experts.¶¶

(2) Appropriate medical experts may include but are not limited to staff at the Centers for Disease Control and Prevention, a medical advisory group, and Public Health Division staff.¶¶

(3) To the extent feasible the Public Health Director shall make every effort to consult with local practicing health care providers regarding the development of diagnostic and treatment guidelines or protocols. (4) Required diagnostic and treatment guidelines or protocols issued by the Public Health Director shall be in writing, and shall be provided to health care providers, institutions and facilities by one or more of the following means:¶¶

(a) Releases through print, radio or television media outlets;¶¶

(b) Releases in health care provider publications when timely; or¶¶

(c) Mailings, faxes, ~~and/or e-~~electronic mail or other electronic notification to affected health care providers, facilities and institutions.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 431A.015, 433.44 1- 433.452

AMEND: 333-003-0050

RULE SUMMARY: Amend OAR 333-003-0050: Amending title and updating statutory references

CHANGES TO RULE:

333-003-0050

~~Impending Public Health Crisis:~~ Access to Individually Identifiable Health Information ¶¶

- (1) During a declared public health emergency the Public Health Director and local public health administrators shall be given immediate access to individually identifiable health information.¶¶
- (2) If the Public Health Director has been authorized to take a public health action under ORS 431.264A.015, the Public Health Director may adopt reporting requirements for health care providers, institutions and facilities for the purpose of obtaining information directly related to the public health threat presented, including the reporting of individually identifiable health information for individuals with or exposed to:¶¶
- (a) A communicable disease;¶¶
 - (b) A reportable disease; or¶¶
 - (c) A condition of public health importance.¶¶
- (3) To the extent possible, whenever access to individually identifiable health information is needed under subsections (1) or (2) of this rule the Public Health Director or local public health administrator will provide the request for information in writing.¶¶
- (4) A written request for information, when provided, shall include, but is not limited to:¶¶
- (a) The legal authority for requiring the information;¶¶
 - (b) An explanation of why the access to individually identifiable health information is necessary;¶¶
 - (c) A description of the information needed; and¶¶
 - (d) An explanation of how the information must be provided or made available to public health officials.¶¶
- (5) To the extent possible, the Public Health Director and local public health authority will coordinate requests for information to avoid duplicate requests to the same facility or provider.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 431.264A.015, 433.441 - 433.452

AMEND: 333-003-0065

RULE SUMMARY: Amend OAR 333-003-0065: Amending title and updating statutory references

CHANGES TO RULE:

333-003-0065

~~Impending Public Health Crisis: Civil Penalties~~ ¶

(1) Any person or entity that fails to comply with a protocol, order, other requirement imposed by the Public Health Director under ORS 431.262, ~~431.264~~, 431A.010, 431A.015, or 433.443 or these rules is subject to the imposition of civil penalties not to exceed \$500 per day per violation.¶

(2) In determining the amount of a civil penalty the ~~Authority~~ Oregon Health Authority (Authority) shall consider whether:¶

(a) The Authority made repeated attempts to obtain compliance;¶

(b) The person or entity has a history of noncompliance with public health laws; and¶

(c) The violation poses a serious risk to the public's health.¶

(3) Each day a violation continues will be considered an additional violation.¶

(4) A notice of imposition of civil penalties shall comply with ORS 183.745.

Statutory/Other Authority: ORS 413.042, 433.441 - 433.452

Statutes/Other Implemented: ORS 433.441 - 433.452

AMEND: 333-003-0070

RULE SUMMARY: Amend OAR 333-003-0070: Amending title and updating to use more inclusive language.

CHANGES TO RULE:

333-003-0070

~~Impending Public Health Crisis:~~ Temporary Restriction of Movement ¶¶

(1) If the Public Health Director or the local public health administrator reasonably believes a person within ~~h~~the ~~Public Health Director's or the local public health administrator's respective~~ jurisdiction may have been exposed to a communicable reportable disease or a condition that is the basis for a declaration of a Public Health Emergency under ORS 433.441, the person may be detained for as long as necessary in order to obtain personal contact information and to convey information about the disease or condition.¶¶

(2) An individual subject to temporary restriction of movement will be provided with information including but is not limited to:¶¶

(a) Information on the disease or other hazard that the person may have been exposed to;¶¶

(b) Symptoms of the disease or resulting from exposure to the hazard and what to do in the event such symptoms occur; and¶¶

(c) How the person will be notified if it is determined that the individual was exposed to the disease or hazard.¶¶

(3) Restriction of movement shall be limited to the shortest duration of time reasonably required to provide health information to the individual and for the individual to provide contact information.¶¶

(4) The Oregon Health Authority or the local health public health administrator restricting movement shall use reasonable resources to deliver and collect information in a timely manner.¶¶

(5) Any individual failing to comply with the provisions of this section may be subject to the imposition of a public health measure as described in ORS 433.121 or 433.123.¶¶

(6) Individually identifiable contact information shall be held in a secure location and destroyed in accordance with applicable record retention schedules when no longer needed.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 433.441 - 433.452

AMEND: 333-003-0080

RULE SUMMARY: Amend OAR 333-003-0080: Amending title

CHANGES TO RULE:

333-003-0080

~~Impending Public Health Crisis: Effect of Declaration Ending~~ **II**

Immediately upon termination of the declaration of the public health emergency, all actions taken pursuant to these rules are terminated unless an emergency related to the declaration has been proclaimed under ORS 401.055 or continuation of the actions is otherwise authorized by law.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 433.441 - 433.452

AMEND: 333-003-0100

RULE SUMMARY: Amend OAR 333-003-0100: Amending title and removing requirement for a declaration for deployment per SB 837 (Oregon Laws 2025, chapter 622)

CHANGES TO RULE:

333-003-0100

~~Impending Public Health Crisis~~ Volunteer Registry: Scope ¶

The rules in OAR 333-003-0100 to 333-003-0210 pertain to the registration and deployment of health care providers ~~to perform emergency health care services during a declared emergency~~ and support and administrative personnel to provide health care, public health and supportive services and to the designation of emergency health care centers under ORS 401.651 to 401.670 during a declared emergency.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

RULE SUMMARY: Amend OAR 333-003-0105: Amending title and updated definitions to remove confusion of terms and add new definition from SB 837 (Oregon Laws 2025, chapter 622)

CHANGES TO RULE:

333-003-0105

~~Impending Public Health Emergency~~ Volunteer Registry: Definitions ¶¶

For purposes of OAR 333-003-0100 through 333-003-0140, the following definitions apply:¶¶

- (1) "Cooperative Agreement" means an agreement between the Public Health Division and a local public health authority under ORS 401.657.¶¶
- (2) "Credentialing" means granting privileges or permission, including any limitations or limits on the privileges or permission, authorizing a health care provider to provide health care services at a health care facility.¶¶
- (3) "Credentialing plan" means the procedures established by an emergency health care center for credentialing registrants and volunteers, including but not limited to a plan for verifying that a health care provider is in good standing.¶¶
- (4) "Declaration" or "declared emergency" means a Governor's declaration of emergency under ORS 401.165 or 433.441.¶¶
- (5) "Division" means Oregon Health Authority, Public Health Division.¶¶
- (6) "Emergency health care center" means a health care facility, or any portion thereof designated by the Division or by a local public health authority or any other location designated by the Division or by a local public health authority in accordance with OAR 333-003-0130.¶¶
- (7) "Emergency health care services" means health care services rendered by a registrant ~~or volunteer when directed, or by a volunteer at an emergency health care center or health care facility during a declared emergency.~~¶¶
- (8) "Emergency Support Function 8 (ESF-8)" means the Public Health and Medical Services response for the State of Oregon during a declared emergency.¶¶
- (9) "Health care center volunteer" means a health care provider who is not a registrant or is a registrant but is not deployed by the Registry, who provides emergency health care services at an emergency health care center.¶¶
- ~~(10)~~ "Health care facility" has the meaning given that term in ORS 442.015.¶¶
- ~~(10)~~ "Health care provider" means:¶¶
 - ~~(a) An individual licensed, certified or otherwise authorized or permitted by the laws of this state or another state to administer health care services in the ordinary course of business or practice of a profession; and~~¶¶
 - ~~(b) A person entered in the Division's registry authorized under ORS 401.654 and OAR 333-003-0117.~~¶¶
- ~~(11)~~ "Health professional regulatory board" has the meaning given that term in ORS 401.651 and ORS 676.160.¶¶
- ~~(12)~~ "Incident Command System (ICS)" means a standardized on-scene emergency management system that enables multiple agencies and jurisdictions to respond to single or multiple incidents using an integrated organizational structure.¶¶
- ~~(13)~~ (a) "In good standing" means that:¶¶
 - (A) A health care provider is currently certified, registered or licensed, does not have any disciplinary restrictions placed on any certificate, registration or license, and who is not suspended or on probation with any certifying, registering or licensing agency that issued a certificate, registration or license for any reason; or¶¶
 - (B) At the time the health care provider was last certified, registered or licensed the health care provider:¶¶
 - (i) Did not have any disciplinary restrictions placed on a certificate, registration or license; and¶¶
 - (ii) Was not on probation or did not have a certificate, registration or license revoked or suspended by the certifying, registering or licensing agency that issued the certificate, registration or license, for any reason.¶¶
 - (b) An individual is not in good standing if they voluntarily surrendered a certificate, registration or license while under investigation by a certifying, registering, or licensing board or surrendered a certificate, registration or license in lieu of discipline.¶¶
- ~~(14)~~ "Local public health authority" has the meaning given that term in ORS 431.003.¶¶
- ~~(15)~~ "Registrant" means a ~~health care provider~~ person listed ~~on~~ in the Registry.¶¶
- ~~(16)~~ "Registry" means the ~~H~~registry of ~~health C~~care ~~P~~provider ~~Registry~~s and support and administrative ~~personnel~~ established by the Division.¶¶
- ~~(17)~~ "Volunteer" means a health care provider who is not a registrant or is a registrant but is not deployed by the Registry, who provides emergency health care services at an emergency health care center Support and administrative personnel" means an individual who is not a health care provider, and who works to enable the provision of health care or public health services, including medical or nonmedical operations support, management or administration.

Statutory/Other Authority: ORS 401.651 - 401.670
Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0110

RULE SUMMARY: Amend OAR 333-003-0110: Amending title and added language for volunteer registry position added in SB 837 (Oregon Laws 2025, chapter 622). Updated Board titles to reflect current names

CHANGES TO RULE:

333-003-0110

~~Impending Public Health Emergency~~ Volunteer Registry: The Health Care Personnel and Provider Registry ¶

(1) Under ORS 401.654 the ~~Division~~ Public Health Division (Division) is authorized to maintain a volunteer registry of health care providers who may, during a declared emergency, and support and administrative personnel who may be deployed by the Division to provide emergency health care service health care, public health and supportive services on a voluntary basis. The Division shall include the following minimum information in the ~~R~~registry concerning each registrant:¶

(a) Name;¶

(b) Contact information;¶

(c) Current license, registration or other certification, or previous license, registration or certification; and¶

(d) Information about the registrant's usual or former practice or specialty, if that information is available and the Division determines it is necessary to include in the ~~R~~registry.¶

(2) Health care providers that may be registered ~~include but are not limited to individuals currently or previously within the last 10 years~~ with the status of health care provider include individuals currently licensed, registered or certified by the:¶

(a) State Board of Examiners for Speech-Language Pathology and Audiology;¶

(b) ~~State~~ Oregon Board of Chiropractic Examiners;¶

(c) State Board of Licensed Social Workers;¶

(d) Oregon Board of Licensed Professional Counselors and Therapists;¶

(e) Oregon Board of Dentistry;¶

(f) Board of ~~Examiners of~~ Licensed Dietitians;¶

(g) Oregon State Board of Massage Therapists;¶

(h) Oregon Board of Naturopathic Medicine;¶

(i) Oregon State Board of Nursing;¶

(j) Oregon Board of Optometry;¶

(k) ~~State~~ Oregon Board of Pharmacy;¶

(l) Oregon Medical Board;¶

(m) Occupational Therapy Licensing Board;¶

(n) ~~Physical Therapist Licensing Board~~ Oregon Board of Physical Therapy;¶

(o) Oregon Board of Psychology;¶

(~~op~~) ~~State~~ Oregon Board of ~~Psychologist Examiners~~ Medical Imaging;¶

(q) Oregon Health Authority (Authority), to the extent that the Authority licenses emergency medical technicians;¶

(r) Long Term Care Administrators Board;¶

(~~ps~~) ~~Board of Medical Imaging~~ behavior Analysis Regulatory Board;¶

(t) State Mortuary and Cemetery Board;¶

(u) Oregon State Veterinary Medical Examining Board;¶

(~~qv~~) State Board of Direct Entry Midwifery;¶

(~~rw~~) State Board of Denture Technology;¶

(~~sx~~) Respiratory Therapist and Polysomnographic Technologist Licensing Board; or¶

(~~ty~~) Oregon Health Authority, to the extent that the Authority ~~licenses emergency medical technicians; or~~ certifies Community Health Workers (CHW);¶

(3) Support and administrative personnel may be registered if they meet the minimum requirements and pass an evaluation set by the Division.¶

(4) Support and administrative personnel must meet the following minimum requirements:¶

(~~ua~~) ~~Oregon Health Authority, to the extent that the Authority certifies Community Health Workers (CHW).~~ Be 18 years of age or older; and¶

(b) Pass a criminal background check administered by the Division.¶

(5) Support and administrative personnel must submit their application to the Division in the manner and form set by the Division. The application will be evaluated by the Division to determine an appropriate role and function in the registry. The evaluation may include, but is not limited to the following:¶

(a) Professional memberships;¶

(b) Relevant training and certifications;¶

(c) Licenses;¶

(d) Work and volunteer history; and¶

(e) References;¶

(36) The Division may share information about registrants with state and local emergency management departments, local public health authorities, and other state or federal agencies and health care facilities as necessary, for emergency response purposes. Nothing in this section prohibits the Division from sharing registry information for any lawful purpose.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0115

RULE SUMMARY: Amend OAR 333-003-0115: Amending title and screenings added in SB 837 (Oregon Laws 2025, chapter 622). Amended reasons the Public Health Division can close account of registrant to clarify screening and background checks.

CHANGES TO RULE:

333-003-0115

~~Impending Public Health Emergency~~Volunteer Registry: Registration of Currently Licensed Health Care Providers; Renewal ¶¶

(1) A health care provider who is currently licensed, registered or certified may apply to the ~~Division~~Public Health Division (Division) to be registered as a health care provider to provide ~~emergency health care services during an emergency health care, public health and supportive services.~~¶

(2) A health care provider shall apply by completing a form prescribed by the Division and submitting the form in the manner prescribed by the Division.¶

(3) The Division shall verify that an applicant is in good standing.¶

(4) The Division may request additional information from an applicant if the application is incomplete or questions arise about the applicant during the Division's verification process.¶

(5) The Division may require that an applicant undergo a criminal background check ~~if during the application process the Division learn. If the Division does require a criminal background check, an applicant must sign any necessary authorizations for the criminal background check, provide fingerprints if issues related to the applicant's history requested and pay any necessary fees to cover the costs for~~ that reasonably raises questions about the ability of the applicant to safely provide emergency health care services. If the Division does require a criminal background check an applicant must sign any necessary authorizations for the criminal background check, provide fingerprints if requested and pay any necessary fees to cover the costs for the background check ~~background check if required.~~¶

(6) The Division may require screenings of physical health, emotional health or immunization status in order to assign appropriate duties without increased health-related risks.¶

(a) Screenings may be required on a mission specific basis to protect individuals in the registry, the community they are working in, and to limit risk for the Division.¶

(b) Screenings may include a post-deployment evaluation to determine if and to what extent individuals were adversely affected by their deployment duties.¶

~~(67)~~ The Division shall notify an applicant, in writing, if they have been accepted as a registrant and if not, why not.¶

~~(78)~~ If an applicant has been accepted, the Division shall also provide the registrant information described in OAR 333-003-0118.¶

~~(89)~~ The Division ~~shall~~may issue a registrant a registry identification card once the registrant has completed the orientation and training required in OAR 333-018-0118. The identification card shall:¶

(a) Identify the registrant;¶

(b) Indicate that the registrant is registered as ~~an emergency~~ health care provider;¶

(c) Identify the license or certification held by the registrant; and¶

(d) Identify the registrant's usual area of practice, if that information is available and the ~~a~~Oregon Health Authority determines that it is appropriate to provide that information.¶

~~(910)~~ The Division shall require each registrant to update ~~his or her~~the individual's registration information every two years, or when changes occur, and a registrant shall be required to sign a form, prescribed by the Division, that indicates the registrant is willing and able to remain ~~in the R~~in the Registry.¶

~~(101)~~ A registrant identification card ~~shall~~may be renewed and provided to a registrant who fulfills the requirements in section ~~(910)~~ of this rule.¶

~~(142)~~ The Division may close the account of a registrant in ~~R~~the registry if the Division:¶

(a) Is notified or learns that a registrant is not in good standing with ~~his or her~~a relevant licensing board or certifying agency;¶

(b) Determines that a registrant is not capable of providing ~~emergency health care services;~~¶

(c) Determines that a registrant has a personal or criminal history that calls into question the ability of the registrant to safely provide ~~emergency health care services;~~¶

(d) The registrant requests for account closure; ~~or~~¶

(e) Determines that a registrant is not complying with these rules;¶

(f) Finds a registrant does not complete, if required, a screening of physical health, emotional health or

immunization status in order to assign appropriate duties without increased health-related risks;¶

(g) Finds a registrant is determined to be unable to perform any duties due to health-related risks;¶

(h) Finds a registrant fails to notify the Division of a change in their criminal history; or¶

(i) Finds a registrant fails to complete a background check when required by the Division requires.¶

(123) A registrant's account that has been closed may be reactivated in the Registry at any time but must include with their request an explanation that describes how the issue that led to closure has been addressed.¶

(134) The Division may require a registrant to undergo a criminal background check if at any time the Division learns of issues related to the registrant's history that reasonably raises questions about the ability of the applicant to safely provide ~~emergency health care services~~ services or if the registrant notified the Division of a change in their criminal history. If the Division does require a criminal background check a registrant must sign any necessary authorizations for the criminal background check, provide fingerprints if requested and pay any necessary fees to cover the costs for the background check.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0116

RULE SUMMARY: Amend OAR 333-003-0116: Amending title

CHANGES TO RULE:

333-003-0116

~~Impending Public Health Emergency~~ Volunteer Registry: Out-of-State Health Care Providers ¶

(1) The ~~Division~~ Public Health Division (Division) may enter into agreements with other states to facilitate the registry of out-of-state health care providers in the ~~R~~registry established under these rules.¶

(2) During a state of emergency declared under ORS 401.165 or a state of public health emergency proclaimed under ORS 433.441, a health care provider who is licensed, certified or otherwise authorized or permitted by the laws of another state to administer health care services and who is registered under these rules may administer health care services in this state as if the health care provider were licensed in this state. All registrants who wish to be deployed to perform within the scope of their health certification or license must comply with all emergency authorization requirements put in place by their respective Oregon regulatory and licensing body.¶

(3) If an out of state registrant who holds a valid health license or certification is required to be licensed or otherwise authorized by an Oregon health professional regulatory board but the out of state registrant chooses not to seek such a license or authorization, they may still participate in training and exercises, receive communications and be deployed to emergencies as qualified emergency service volunteers in a non-medical capacity, at the direction of the Division, if their out of state license can be verified.

Statutory/Other Authority: ORS 401.670

Statutes/Other Implemented: ORS 401.655

RULE SUMMARY: Amend OAR 333-003-0117: Amending title and clarified formerly licensed volunteers' role.

Amended reasons the Public Health Division can close account of registrant to clarify screening and background checks

CHANGES TO RULE:

333-003-0117

~~Impending Public Health Emergency Volunteer Registry~~: Registration of Formerly Licensed Health Care Providers and Support and Administrative Personnel; Renewal ¶

(1) A person who was licensed, certified or otherwise authorized to provide health care services not more than 10 years prior to the date of application, may apply to the ~~Division~~ Public Health Division (Division) to be registered as a formerly licensed health care provider to provide emergency health care services during an emergency.¶

~~(2) under the provisions of ORS 401.658. When the requirements that enable a formerly licensed health care provider to provide health care services after certain declared emergencies are not met, the person is considered support and administrative personnel under section (2) of this rule.¶~~

~~(2) A person who is not currently licensed, certified or otherwise authorized to provide health care, or who does not wish to apply in that capacity, may apply to the Division to be registered under the category of support and administrative personnel.¶~~

(3) A person described in section (1) or (2) of this rule shall apply by completing a form prescribed by the Division and submitting the form in the manner prescribed by the Division.¶

~~(34) An applicant described in section (1) of this rule shall provide evidence from the entity that licensed, certified, or otherwise authorized the applicant to previously provide health care services that verifies that the applicant was in good standing at the time the applicant surrendered his or her a license, certification or authorization to provide health care services. Individuals that may be registered with the status of previously licensed health care provider under section (1) of this rule are limited to individuals that were licensed, certification or authorization to provide health care services registered or certified by the following entities within the last 10 years:¶~~

~~(a) State Board of Examiners for Speech-Language Pathology and Audiology;¶~~

~~(b) Oregon Board of Chiropractic Examiners;¶~~

~~(c) State Board of Licensed Social Workers;¶~~

~~(d) Oregon Board of Licensed Professional Counselors and Therapists;¶~~

~~(e) Oregon Board of Dentistry;¶~~

~~(f) Board of Licensed Dietitians;¶~~

~~(g) Oregon State Board of Massage Therapists;¶~~

~~(h) Oregon Board of Naturopathic Medicine;¶~~

~~(i) Oregon State Board of Nursing;¶~~

~~(j) Oregon Board of Optometry;¶~~

~~(k) Oregon Board of Pharmacy;¶~~

~~(l) Oregon Medical Board;¶~~

~~(m) Occupational Therapy Licensing Board;¶~~

~~(n) Oregon Board of Physical Therapy;¶~~

~~(o) Oregon Board of Psychology;¶~~

~~(p) Oregon Board of Medical Imaging;¶~~

~~(q) Oregon Health Authority (Authority), to the extent that the Authority licenses emergency medical technicians;¶~~

~~(r) Long Term Care Administrators Board;¶~~

~~(s) Behavior Analysis Regulatory Board;¶~~

~~(t) State Mortuary and Cemetery Board; or¶~~

~~(u) Oregon State Veterinary Medical Examining Board.¶~~

~~(45) The Division may request additional information from an applicant if the application is incomplete or questions arise about the applicant during the Division's verification process.¶~~

~~(56) An applicant shall undergo a criminal background check and shall sign any necessary authorizations and pay any necessary fees for the criminal background check.¶~~

~~(67) The Division shall notify an applicant, in writing, if they have been accepted as a registrant and if not, why not.¶~~

~~(78) If an applicant has been accepted, the Division shall also provide the registrant information described in OAR 333-003-0118.¶~~

~~(89) The Division shall may issue a registrant a registry identification card once the registrant has completed the orientation and training required in OAR 333-018-0118. The identification card shall:¶~~

- (a) Identify the registrant;¶
- (b) Indicate that the registrant is registered as an ~~emergency~~ formerly licensed health care provider;¶
- ~~(c) or under the category of support or administrative personnel;¶~~
- (c) If the person is a previously licensed health care provider, identify the license or certification previously held by the registrant; and¶
- (d) If the person is a previously licensed health care provider, identify the registrant's former area of practice if that information is available and the Division determines that it is appropriate to provide that information.¶
- (910) The Division shall require each registrant to update ~~his or her~~ the individual's registration information every two years, or when changes occur, and a registrant shall be required to sign a form, prescribed by the Division, that indicates the registrant is willing and able to remain in the Registry. A registrant shall provide documentation of completed continuing education credits with the renewal form.¶
- (101) The Division ~~shall~~ may conduct a criminal background check on registrants registered under this rule every five years. A registrant is responsible for signing any necessary authorizations and paying any necessary fees.¶
- (112) A registrant identification card ~~shall~~ may be renewed and provided to a registrant who fulfills the requirements in section (910) and (101) of this rule.¶
- (123) The Division may remove a registrant from the Registry if the Division:¶
- (a) Is notified or learns that a registrant is not in good standing with ~~his or her~~ a relevant licensing board or certifying agency;¶
- (b) Determines that a registrant is not capable of providing ~~emergency health care services~~;¶
- (c) Determines that a registrant has a personal or criminal history that calls into question the ability of the registrant to safely provide ~~emergency health care services~~¶
- (d) The registrant requests to be removed from the Registry; ~~or~~¶
- (e) Determines that a registrant is not complying with these rules;¶
- (f) Finds a registrant does not complete required screenings of physical health, or emotional health in order to assign appropriate duties without increased health-related risks;¶
- (g) Finds a registrant is determined to be unable to perform duties due to health-related risks;¶
- (h) Finds the registrant fails to notify the Division of a change in their criminal history; or¶
- (i) Finds the registrant fails to complete a criminal history check when required by the Division requires.¶
- (134) A registrant that has been removed from the registry may be reactivated in the Registry at any time but must include with their request an explanation that describes how the issue that led to removal has been addressed.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0118

RULE SUMMARY: Amend OAR 333-003-0118: Amending title and requirement to notify the Public Health Division of change in criminal history to ensure volunteers can continue to pass background check requirement

CHANGES TO RULE:

333-003-0118

~~Impending Public Health Crisis~~Volunteer Registry: Duties of Registrants ¶

- (1) A registrant is required to complete an orientation session offered or approved by the ~~Division~~Public Health Division (Division) and complete mandatory training offered or approved by the Division including but not limited to ~~ICS~~Incident Command System training, prior to receiving an identification card.¶
- (2) A registrant has one year from the date the registrant is notified of acceptance into the ~~R~~registry to complete the orientation and required training or the Division shall remove the registrant's name from the ~~R~~registry.¶
- (3) If the Division notifies a registrant of an activation, the registrant shall respond to the Division within 24 hours whether or not the registrant is willing to be activated and deployed in accordance with OAR 333-003-0125.¶
- (4) A registrant is required to notify the Division, as soon as practicable, but within 30 days, of the following:¶
- (a) A change in mailing address, phone number, or electronic mail address;¶
- (b) A change in licensure status, certification or registration status; ~~and~~¶
- (c) A change in mental or physical health that renders a registrant unable to perform ~~emergency health care services~~services; or¶
- (d) A change in criminal history.¶
- (5) A registrant shall immediately notify the Division if a registrant's identification card is lost or stolen. The Division shall replace a lost or stolen identification card and may charge a fee for the replacement card.¶
- (6) A registrant may request removal from the ~~R~~registry at any time by notifying the Division, in writing, of the request, and by returning the identification card described in OAR 333-003-0115. Upon receipt of such request and verification that it came from the registrant, the Division shall remove the registrant from the ~~R~~registry.¶
- (7) If at any time a registrant is notified by the Division that the registrant has been removed from the ~~R~~registry, the registrant shall return the identification card described in OAR 333-003-0115 to the Division within 10 days of the date the notification was mailed or electronically mailed. Removed registrants may re-apply at a later date subject to Division approval.¶
- (8) A registrant may only provide health care services ~~during an emergency~~ that the registrant is competent to perform and authorized to perform under applicable laws.

Statutory/Other Authority: ORS 401.670

Statutes/Other Implemented: ORS 401.654

AMEND: 333-003-0119

RULE SUMMARY: Amend OAR 333-003-0119: Amending title

CHANGES TO RULE:

333-003-0119

~~Impending Public Health Crisis~~ Volunteer Registry: Criminal Background Checks ~~¶~~

The Public Health Division shall perform criminal background checks in accordance with OAR chapter 943, division 7, or through the Oregon State Police.

Statutory/Other Authority: ORS 401.670

Statutes/Other Implemented: ORS 401.654

AMEND: 333-003-0120

RULE SUMMARY: Amend OAR 333-003-0120: Amending title

CHANGES TO RULE:

333-003-0120

~~Impending Public Health Crisis~~ Volunteer Registry: Health Care Providers Not Included in the Registry ~~¶~~

A volunteer may provide emergency health care services at a designated emergency health care center if authorized to do so pursuant to the designated emergency health care center's emergency operations plan and credentialing plan.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0125

RULE SUMMARY: Amend OAR 333-003-0125: Amending title and terms to match SB 837 terms (Oregon Laws 2025, chapter 622). Amended to include Emergency Management Assistance Compact language in SB 837.

CHANGES TO RULE:

333-003-0125

~~Impending Public Health Emergency~~ Volunteer Registry: Activation of Registrants ¶

(1) The ~~Division~~ Public Health Division (Division) may activate the ~~R~~registry in the event of a declaration and direct registrants willing to provide ~~emergency health care~~ emergency health care volunteer services to proceed to any place in Oregon where ~~emergency health care~~ such services are required by reason of the emergency or crisis. ¶

(2) The Division may also activate the ~~R~~registry pursuant to the Emergency Management Assistance Compact and the Pacific Northwest Emergency Management Arrangement and direct registrants willing to provide ~~emergency health care~~ emergency health care volunteer services to proceed to another ~~state where emergency health care~~ jurisdiction where such services are required by reason of the emergency or crisis in that ~~state~~ jurisdiction. Individuals registered under ORS 401.654 are officers of the state for purposes of the Emergency Management Assistance Compact. ¶

(3) The activation of the ~~R~~registry may be used to support the state Emergency Coordination Center, the State Emergency Management Plan and to implement ESF 8 plans, protocols, and procedures to integrate registrants into the state and local emergency response. ¶

(4) The Division shall notify registrants of activation by phone, electronic mail, or any other means of communications. ¶

(5) The Division shall provide, at a minimum, the following to a registrant willing to be deployed: ¶

(a) A mission order; ¶

(b) A description of items needed during the deployment; and ¶

(c) If applicable, items that will be provided to a registrant. ¶

(6) A registrant willing to be deployed shall bring their registry identification card and a government issued photo identification card or document to the deployment site. ¶

(7) A registrant may decline to be deployed at the time the registrant is notified of the activation. A registrant shall remain ~~in~~ the ~~R~~registry whether or not the registrant agrees to be deployed unless the registrant notifies the Division in accordance with OAR 333-003-0118 that they want to be removed from the ~~R~~registry. ¶

(8) If a registrant deployed under these rules provides emergency health care services at a designated emergency health care center the registrant must provide those services in accordance with the emergency operations plan and credentialing plan adopted by the designated emergency health care center. ¶

(9) In anticipation of a declaration of emergency or during a declared emergency the Division may register ~~health care provider~~ individuals without complying with OAR 333-003-0115 and provide just-in-time orientation and training. Under this section the Division shall verify licensure status as quickly as possible and ~~shall~~ may issue the health care provider a temporary identification card. ¶

(10) The Division may reimburse, provide advances for, or directly pay for travel expenses for registrants.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0130

RULE SUMMARY: Amend OAR 333-003-0130: Amending title

CHANGES TO RULE:

333-003-0130

~~Impending Public Health Emergency:~~ Designation of Emergency Health Care Centers ¶¶

- (1) The ~~Division~~Public Health Division (Division) may designate a health care facility, a portion thereof, or any location as an emergency health care center.¶¶
- (2) During a declared emergency a designated emergency health care center may be used for:¶¶
- (a) Evaluation and referral of individuals affected by the emergency;¶¶
 - (b) Provision of health care services; and¶¶
 - (c) Preparation of patients for transportation.¶¶
- (3) A local public health authority may designate a health care facility, a portion thereof, or any location as an emergency health care center if authorized to do so in a cooperative agreement executed by the Division and the local public health authority.¶¶
- (4) A health care facility or other location may request designation as an emergency health care center by submitting the request in the manner prescribed by the ~~Authority~~Oregon Health Authority (Authority) and submitting the documentation required, including the emergency operations plan and the credentialing plan, if applicable, as described in section (5) of this rule.¶¶
- (5) In order to be designated as an emergency health care center a health care facility or other location must have:¶¶
- (a) An emergency operations plan that at minimum must include:¶¶
 - (A) A detailed plan regarding the center's operations during the emergency, including the level of medical care provided at the location and the number of beds that can be staffed.¶¶
 - (B) A command structure with the names and contact information for command staff, that must include a medical director.¶¶
 - (C) A staffing plan that takes into account staff that may become infected if the emergency is related to a disease outbreak.¶¶
 - (D) A plan for ensuring the on-going availability of necessary staff, supplies and equipment, including personal protective equipment (PPE).¶¶
 - (E) An infection control plan that:¶¶
 - (i) Includes standard precautions for preventing transmission of infectious agents in healthcare settings, including proper use of PPE;¶¶
 - (ii) Includes isolation of infected patients from staff, visitors, and non-infected patients to the greatest extent possible;¶¶
 - (iii) If the emergency is related to a disease outbreak, describes how staff will be monitored for exposure to the disease;¶¶
 - (iv) Ensures appropriate environmental cleaning, disinfection, and waste management supplies and procedures are in place and adhered to; and¶¶
 - (v) Ensures that staff and patients understand basic prevention and control measures and practices for infectious agents.¶¶
 - (F) A security plan that includes who is permitted at the center.¶¶
 - (G) A process for obtaining any necessary approvals from the Fire Marshal and any other state or local government agencies.¶¶
 - (H) A wrap-around services plan that describes how the center will provide patients with basic services and supplies for daily living, including food service, laundry, access to medical supplies and services for non-COVID health issues, and cleaning.¶¶
 - (I) A plan for how patients will be transported to acute care facilities in a timely manner if their medical needs surpass those available at the center.¶¶
 - (b) A credentialing plan for volunteers and registrants that:¶¶
 - (A) Provides for emergency privileges to be granted upon presentation of any of the following:¶¶
 - (i) A current picture hospital identification (ID) card;¶¶
 - (ii) A current license to practice and a valid picture ID; issued by a state, federal or regulatory agency;¶¶
 - (iii) Identification indicating that the individual is a member of Oregon Disaster Medical Assistance Team (ODMT);¶¶
 - (iv) Identification indicating that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by federal, state, or municipal entity; or¶¶

- (v) Presentation by current facility or medical staff members with personal knowledge regarding individual's identity.¶
- (B) Identifies the individual or individuals responsible for granting emergency privileges;¶
- (C) Identifies a process for making decisions about whether to grant privileges to volunteers on a case-by-case basis and at the discretion of the individual or individuals responsible for granting emergency privileges.¶
- (D) Has a mechanism to ensure that registrants and volunteers who are given emergency-privileges are readily identifiable.¶
- (6) The Division shall consider the following in making a decision to designate a facility or another location as an emergency health care center:¶
 - (a) Whether the existing health care system is overwhelmed or incapacitated;¶
 - (b) Whether patients with a particular communicable disease need to be concentrated at particular locations or one location;¶
 - (c) Whether registrants are being activated to provide care at particular health care facilities or whether registrants or volunteers are needed to provide emergency health care services;¶
 - (d) Whether it is necessary for the state to direct activities at a health care facility or other location where emergency health care services are to be provided; or¶
 - (e) Whether a health care facility is being asked to perform services outside of the general scope of services it customarily provides.¶
- (7) In order to facilitate the designation process during a declared emergency, the Division shall make every effort to pre-designate health care facilities, a portion thereof, or any location as an emergency health care center. Pre-designation shall include review and approval of the facility's emergency operations plan. For a location that is not a health care facility, the Division shall review the operations plan that would be utilized at that location.¶
- (8) A facility or location that has been pre-designated does not automatically become a designated emergency health center upon a declaration. Designation shall be made in accordance with section (9) of this rule.¶
- (9) If a facility or location is designated as an emergency health care center the Division shall notify the person in charge of a facility or location in writing and shall issue orders to the emergency health care center that identify the emergency response required by the Division and the time period that the designation is in effect. The liability protection described in OAR 333-003-0210 only extends to activities undertaken by a designated emergency health care center that are directed by the Division. A designation order shall include but is not limited to required reporting to ~~OHA~~the Authority on the status of the center and individuals being served.¶
- (10) To the extent practicable, the Division shall request that a facility accept the designation as an emergency health care center. However, acceptance of a designation is not required for the Division to exercise its authority under ORS 401.657.¶
- (11) If the Division pre-designates a facility, portion thereof, or another location in accordance with section (7) of this rule, the Division shall review the applicable emergency operations plan every two years to ensure it remains acceptable.¶
- (12) A designated emergency health care center may determine the services to be provided by a registrant or volunteer deployed under these rules.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0140

RULE SUMMARY: Amend OAR 333-003-0140: Amending title; makes clarifying changes.

CHANGES TO RULE:

333-003-0140

~~Impending Public Health Emergency~~ Volunteer Registry: Training ¶

(1) The ~~Division~~ Public Health Division (Division) may require or otherwise make available to registrants training that the Division determines necessary or beneficial to the provision of ~~emergency health care~~ services that may be rendered by registrants pursuant to ORS 401.651 through 401.670 and these rules, including but not limited to training in the emergency response system structure, operations, emergency preparedness and table top or other emergency response exercises. The Division shall not require training that is related to a registrant's professional license.¶

(2) A person who is registered or an applicant in accordance with OAR 333-003-0117 shall, prior to being eligible for activation and thereafter every three years, complete any training the Division requires, which may include, but is not limited to, the following training and provide documentation of completion to the Division:¶

(a) Professional Conduct and Standards Training; and¶

(b) Triage.

Statutory/Other Authority: ORS 401.651 - 401.670

Statutes/Other Implemented: ORS 401.651 - 401.670

AMEND: 333-003-0200

RULE SUMMARY: Amend OAR 333-003-0200: Amending title; updating statutory references

CHANGES TO RULE:

333-003-0200

~~Impending Public Health Crisis:~~ Public Health Emergency Plans ~~II~~

The Public Health Director and local public health authorities shall use an incident command system framework in their respective public health emergency plans.

Statutory/Other Authority: ORS 431.266A.020

Statutes/Other Implemented: ORS 431.266A.020

AMEND: 333-003-0210

RULE SUMMARY: Amend OAR 333-003-0210: Amending title and workers' compensation language to match SB 837 (Oregon Laws 2025, chapter 622)

CHANGES TO RULE:

333-003-0210

~~Impending Public Health Crisis~~ Volunteer Registry and Volunteers: Liability Protection; Workers' Compensation ¶¶

(1) Registrants and volunteers who perform ~~emergency health care~~ services in accordance with ORS 401.651 through 401.670 and these rules are agents of the state under ORS 30.260 through 30.300 for the purposes of any claims arising out of services that are provided under ORS 401.651 through 401.670 and these rules pursuant to directions from a public body and that are within the course and scope of the registrant's or volunteer's duties, without regard to whether the registrant or volunteer is compensated for the services.¶¶

(2) If the Governor declares an emergency a designated emergency health care center and persons operating a designated emergency health care center are agents of the state under ORS 30.260 through 30.300 for the purposes of any claims arising out of services that are provided through the designated emergency health care center pursuant to directions from a public body and that are within the course and scope of the duties of the health care facility or other person, without regard to whether the health care facility or other person is compensated for the services.¶¶

(3) A registrant participating in training authorized by Oregon Health Authority (Authority) under ORS 401.651 through 401.670 and OAR 333-003-0140 is an agent of the state under ORS 30.260 through 30.300 for the purposes of any claims arising out of that training.¶¶

(4) The provisions of section (2) of this rule apply only to a designated emergency health care center that has adopted an emergency operations plan and credentialing plan that governs the use of registrants and volunteers. An emergency operations plan and a credentialing plan must comply with these rules.¶¶

(5) A registrant shall ~~also be considered a qualified emergency services volunteer under ORS 401.358 through 401.368~~ be provided workers' compensation coverage as required by ORS 656.047:¶¶

(a) The Authority shall provide workers' compensation coverage for individuals registered under ORS 401.654 who are injured in the course and scope of performing volunteer services if the injury occurs:¶¶

(A) While the individual is performing services at the direction of the Authority under ORS 401.661:¶¶

(B) While the individual is engaged in training being conducted or approved by the Authority for the purpose of preceiving workers' compensation coverage if injured in the course and scope of providing emergency health care services.¶¶

(6) A volunteer must meet the definition of a qualified emergency services volunteer paring the individual to perform services: or¶¶

(C) While the individual is performing services at the direction of the Authority, pursuant to the Emergency Management Assistance Compact and the Pacific Northwest Emergency Management Arrangement, in another jurisdiction where such services are required by reason of an emergency in that jurisdiction.¶¶

(b) Workers' compensation coverage shall be provided under this section in the manner provided by ORS 656.039.¶¶

(6) Individuals registered under ORS 401.654 are officers of the state for purposes of the Emergency Management Assistance Compact.¶¶

(7) Individuals registered under ORS 401.654 and health care providers who volunteer to perform health care services under ORS 401.661 are agents of the state under ORS 30.260 to 30.300 for the purposes of any claims arising out of services that are provided under ORS 401.661 pursuant to directions from a public body and that are within the course and scope of the individual's duties, without regard to whether the individual is compensated for the services. ¶¶

(8) If the Governor declares a state of emergency under ORS 401.358 in 165, or der to receive workers' compensation coverage under 401.358 through 401.368 declares a state of public health emergency under ORS 433.441, individuals registered under ORS 401.654 and health care providers who volunteer to perform health care services under ORS 401.655, 401.656, 401.657 or 401.658 are agents of the state under ORS 30.260 to 30.300 for the purposes of any claims arising out of services that are provided under ORS 401.655, 401.656, 401.657 or 401.658 pursuant to directions from a public body and that are within the course and scope of the individual's duties, without regard to whether the individual is compensated for the services.

Statutory/Other Authority: ORS 401.670

Statutes/Other Implemented: ORS 401.667, ORS 656.047