



Oregon Health Authority
Emergency Medical Services for Children (EMSC) Program
Emergency Medical Services for Children Advisory Committee Bylaws
May 7, 2026

ARTICLE I - Emergency Medical Services for Children Advisory Committee

The name of this committee is the Emergency Medical Services for Children Advisory Committee (EMSCAC) which is established under [Oregon Revised Statutes 682.518](#).

ARTICLE II - Purpose

The **Emergency Medical Services for Children Advisory Committee (EMSCAC)** is established in the Emergency Medical Services Advisory Board (EMS Advisory Board) and shall provide advice and recommendations to the EMS Advisory Board regarding pediatric medical emergencies, including the following objectives:

- a) The integration of pediatric emergency medical services into the Oregon Health Authority (OHA) Emergency Medical Services (EMS) Program;
- b) The regionalization and improvement of care for time-sensitive pediatric medical emergencies; and
- c) The designation, using nationally recognized classifications where possible, of emergency medical services centers for the provision of care for time-sensitive pediatric medical emergencies.

The EMSCAC shall provide advice to the OHA EMS Program for the following:

- a) The employment of or contracting with professional, technical, research and clerical staff to administer a statewide program related to emergency medical services for children.
- b) Technical assistance to the Emergency Medical Services Advisory Committee on the integration of pediatric emergency medical services into the OHA EMS Program.
- c) Technical assistance to the Time-Sensitive Medical Emergencies Advisory Committee on the regionalization of pediatric emergency medical services.
- d) Guidelines for:
 - The voluntary categorization of emergency medical services agencies and hospital emergency departments that meet the United States Health Resources and Services Administration Emergency Medical Services for Children State Partnership program requirements for pediatric readiness, as adopted by the authority by rule.
 - Referring pediatric patients to appropriate emergency medical services

- centers or critical care centers.
- Necessary pediatric patient care equipment for prehospital and hospital emergency department medical care.
 - Developing a coordinated system that will allow pediatric patients to receive appropriate initial stabilization and treatment with timely provision of, or referral to, the appropriate level of care including critical care, trauma care and pediatric subspecialty care.
 - An interfacility transfer system for critically ill or injured pediatric patients.
 - Continuing education programs for emergency medical services personnel, including training in the emergency care of pediatric patients across different demographics and physical demonstrations of pediatric-specific patient care equipment.
 - The promotion of pediatric emergency medical services, including information on emergency and crisis telephone numbers.
 - The collection and analysis of statewide pediatric prehospital, critical care and trauma care data from prehospital, critical care and trauma care facilities for the purpose of quality improvement, subject to relevant confidentiality requirements.
 - The establishment of cooperative interstate relationships to facilitate the provision of appropriate care for pediatric patients who must cross state borders to receive critical care and trauma care services.
 - Coordination and cooperation between a statewide program for emergency medical services for children and other public and private organizations interested or involved in pediatric prehospital and critical care.

ARTICLE III - Membership

A. The EMSCAC shall consist of 18 members appointed by the OHA Director as follows:

Established under Oregon Revised Statutes 682.518

1. Two physicians specializing in the treatment of pediatric emergency patients. Each physician must be licensed under ORS chapter 677 and in good standing.
2. One nurse who has pediatric emergency experience, licensed under ORS 678.010 to 678.410 and in good standing.
3. One physician with pediatric training, licensed under ORS chapter 677 and in good standing.
4. One emergency medical services provider licensed under ORS 682.216.
5. One family representative who is the Health Resources and Services Administration EMSC Family Advisory Network member, with special consideration given to Title V Maternal & Child Health - Children and Youth with

Special Health Care Needs grantee.

6. One representative of a patient equity organization or an academic professional specializing in health equity.
7. One representative of the Emergency Medical Services Program who shall serve as an ex officio non-voting member.
8. One representative who has experience as the project director of a statewide committee related to emergency medical services for children who shall serve as an ex officio non-voting member.
9. One representative who has experience as the program manager of a statewide committee related to emergency medical services for children who shall serve as an ex officio non-voting member.

Established under EMSCAC Bylaws

1. One pediatric disaster/emergency preparedness representative.
 2. One behavioral health representative.
 3. One injury prevention representative.
 4. One pediatric emergency care educator.
 5. One trauma nurse coordinator or trauma program manager.
 6. One emergency medical services provider licensed under ORS 682.216.
 7. One family representative.
 8. One school-based health center representative or school nurse.
- B. Each EMSCAC member shall advocate and advise from their area of expertise. Members must demonstrate interest in emergency medical services for children prior to appointment.
- C. The EMSCAC may recommend expanded membership to further support the goals of the EMSCAC.
- D. One EMSCAC member will serve as a liaison to the EMS Advisory Board and provide EMSCAC updates at board meetings.

ARTICLE IV - Member Appointments, Terms & Vacancies

- A. Terms of office and reappointment
- a) Members shall serve four-year terms but serve at the pleasure of the OHA Director.
 - b) Members shall not serve more than two consecutive terms.
 - c) The term limit in subsection (b) does not apply to:
 - The family representative who is the Health Resources and Services Administration EMSC Family Advisory Network member.
 - The representative of the Emergency Medical Services Program.
 - The representative who has experience as the project director of a statewide committee related to emergency medical services for children.

- The representative who has experience as the program manager of a statewide committee related to emergency medical services for children.
 - d) Members interested in being reappointed to the EMSCAC shall notify the EMSC Program and complete the reappointment process.
 - e) Reappointments shall be made by the OHA Director.
- B. EMSCAC members wishing to resign shall provide written notification to the EMSC Program.
- C. The EMSC Program will recruit and recommend members to the OHA Director to fill EMSCAC vacancies.
- D. If there is a vacancy for any cause, the OHA Director shall make an appointment to become effective immediately.
- E. Members are expected to attend all EMSCAC meetings. When an EMSCAC member is absent for two consecutive meetings, unless excused by the Chairperson, it may be recommended to the OHA Director to replace that EMSCAC member with a new appointment.

ARTICLE V - Officers

- A. The officers shall consist of a Chairperson Elect, Chairperson, and Immediate Past Chairperson. The initial election of officers from its voting membership will include the Chairperson Elect and Chairperson. After the initial election, only the election of a new Chairperson Elect will be required at the conclusion of the Chairperson Elect's two years of service.
- a) The Chairperson Elect shall hold office for a period of two years. The Chairperson Elect's duty is to act as Chairperson in the absence or incapacity of the Chairperson or at the Chairperson's request. After serving two years, the Chairperson Elect shall assume the position of Chairperson.
 - b) The Chairperson shall hold office for a period of two years. The Chairperson's duty is to preside at all meetings and conduct the business brought before the EMSCAC. The Chairperson will stay informed and take an active role in the work of the committee. The Chairperson will keep EMSCAC members focused on the purpose of the EMSCAC. The Chairperson will provide updates to the EMS Advisory Board if the liaison is unavailable. After serving two years, the Chairperson shall assume the position of Immediate Past Chairperson.
 - c) The Immediate Past Chairperson shall hold office for a period of two years. The Immediate Past Chairperson's duty is to provide continuity during transition and assist with officer duties. The EMSCAC may conduct business with a vacancy in this position.

ARTICLE VI - Meetings

- A. The EMSCAC shall meet quarterly.
- B. The EMSCAC shall meet virtually in February and November, and in person in May and August.
- C. To conduct official business, there must be a quorum of fifty percent plus one of positions eligible to vote.
- D. EMSCAC members are expected to attend and participate in all committee meetings. For the in-person meetings, committee members are requested to attend in-person if possible, but a virtual option will be provided.
- E. EMSCAC members that qualify are entitled to compensation and expenses as provided in ORS 292.495(4)(b).
- F. Members traveling from outside the Portland-metro area may be reimbursed for their travel expenses such as mileage, lodging, and per diem. Reimbursement amounts are based on state of Oregon per diem meal and lodging allowances and state travel expense rules. Reimbursement requests will be submitted through the EMS Program reimbursement platform.
- G. The EMSCAC shall operate in accordance with the current version of the State of Oregon Department of Justice Attorney General's Public Records and Meetings Manual. These rules shall govern in all cases to which they are applicable, and in which they are not contradictory to the EMSCAC Bylaws.
- H. EMSCAC members shall comply with all applicable state ethics laws.
 - a) When faced with a potential conflict of interest, EMSCAC members shall announce publicly the nature of the potential conflict prior to engaging in any deliberations or taking any action thereon, the potential conflict of interest on an issue before the committee and the nature of the potential conflict.
 - b) When faced with an actual conflict of interest, EMSCAC members shall announce publicly the nature of the actual conflict. If a member's vote is necessary to meet a requirement of a minimum number of votes to take official action, the member is eligible to vote, but not to participate in any discussion or debate on the issue out of which the actual conflict arises.
 - c) EMSCAC members shall declare any direct interest of potential financial gain for any issue to be discussed. Conduct of members shall be consistent with ORS 244.010 to ORS 244.130 and the Oregon Government Standards and Practices Laws.

ARTICLE VII - Subcommittees & Workgroups

- A. The Chairperson may form subcommittees to complete specific tasks within the jurisdiction of the committee. Subcommittees must work within the rules and guidelines established by the full committee and follow the current version of the Oregon Department of Justice Attorney General's Public Records and Meetings

Manual.

- B. The Chairperson may form workgroups. Workgroups are subgroups of the committee that are appointed by the Chairperson to work on a task or project. Workgroups may utilize subject matter experts who are not members of the committee.
- C. The Chairperson may create subcommittees and workgroups based upon the operational needs of the EMSCAC as a whole and choose committee members to participate.
- D. EMSCAC members that have not been chosen for a subcommittee or workgroup may volunteer to participate.
- E. Subcommittee and workgroup meetings may be virtual.
- F. Subcommittee and workgroup members will receive compensation or expenses if they qualify under ORS 292.495(4)(b).
- G. Members of a subcommittee or workgroup will determine the workplan and individual tasks. The subcommittee or workgroup will present results and/or recommendations to the EMSCAC. No final actions or decisions will be made by the subcommittee or workgroup.

ARTICLE VIII - Revision of Bylaws

- A. These Bylaws will remain in effect until such time the EMSC Program or EMSCAC in collaboration with the EMS Advisory Board chooses to recommend changes, and the committee approves such changes.
- B. The EMSCAC must vote by a majority of all members to open the Bylaws for changes.
- C. All changes to the Bylaws must be approved by a majority of all members.

ARTICLE IX - Parliamentary Authority

- A. Robert's Rules of Order shall govern in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and special rules.