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AMBULANCE SERVICE PLAN RULE ADVISORY COMMITTEE

June 2, 2026
1:00 pm via Microsoft Teams

RAC MEMBER ATTENDEES

Amy Hanifan	Oregon Fire Chiefs Association
Ben Sorenson	Tualatin Valley Fire and Rescue
Charles Hodge	ComTrans of Oregon
Dan Brattain	Cal-Ore Life Flight/Reach/Airlink
Daniel Chase	Eugene Springfield Fire
Danny Freitag	Santiam Hospital and Clinics
Devon Brown	Medford Fire Department
Heather Land	Treasure Valley Paramedics
Jackson Bauers	Jackson County Public Health
Jeff Mathia	Yachats Rural Fire Protection District
John Tacy (for Mark Fitzwater)	Lebanon Fire District
Josh Beckner	Mid-Columbia Fire and Rescue
Justin Gibbs	Clatsop County; EMS Advisory Board
Kasey Lanning	Chiloquin Fire and Rescue
Katie Harris	Hospital Association of Oregon
Laurie Smallwood	Clackamas Fire District
Marissa Isaak	Adventist Health Columbia Gorge
Marshall Rasor	Ashland Fire and Rescue
Nick Vora	Union County Emergency Services
Reilly Miller	Milton Freewater RFPD
Robert McDonald	AMR Oregon
Rose Douglass	Lane Fire Authority
Sabrina Riggs	Oregon State Ambulance Association
Samantha Love	Pacific West Ambulance
Selene Jaramillo	Lane County
Shannon Edgar	St. Charles Health System
Sheila Clough	Mercy Flights
Steve Boughey	Salem Fire Department

Tiffany Miller	Oregon APCO/NENA
Tim Dooley	Association of Oregon Counties
Tim Hennigan	Scappoose Fire Department
Toni Grimes	Woodburn Ambulance
Trish Weber	Samaritan Lebanon Community Hospital
Tyler Stone	Wasco County

OTHER INTERESTED PARTY ATTENDEES

Amy Down-Maul	Hospital Association of Oregon
Charles Miller	Washington County EMS
Dawn OpBroek	Adventist Health

OHA ATTENDEES

Dana Selover	PHD-HCRQI
Julie Miller	PHD-EMS Program
Justin Hardwick	PHD-EMS Program
Mellony Bernal	PHD-HCRQI
Robbie Edwards	PHD-EMS Program

WELCOME AND MEETING PROCEDURES

Mellony Bernal welcomed RAC members, reviewed the agenda, and went over meeting procedures and expectations.

- It was noted that the meeting is being recorded and all information shared is a matter of public record and may be disclosed.
- Per OHA policy, members of the public may observe only. Should public members have information they would like to share, they can send information by email to mellony.c.bernal@oha.oregon.gov or to julie.k.miller@oha.oregon.gov following the meeting. Any information received will be shared with RAC members and OHA staff.
- Information about the EMS Program's rulemaking activity website was shared including where people can find information about new and amended rules, temporary rules, proposed rules, and other relevant information.
- RAC members were asked to identify themselves in the Chat.

Dana Selover expressed appreciation for the strong participation and feedback from RAC members during the Rules Advisory Committee. She stated that discussions have been productive and written feedback from associations especially valuable. The Oregon Health Authority is optimistic about completing this work today with possible minimal follow-up.

ADMINISTRATIVE RULE REVIEW

OAR 333-260-0000 (County and State Relationship) – D. Selover noted that based on feedback received on April 7, references to "certified" or "certifying" have been removed and replaced with the term "adopted." These changes have been made throughout all rules.

Section (3) has been added at the request of the Association of Oregon Counties. It was noted that the language will need to be reviewed by legal counsel to ensure it can be added. RAC member thanked the OHA for adding.

No additional comments from RAC members.

OAR 333-260-0010 (Definitions) – D. Selover acknowledged previous RAC discussions about definitions. She noted the following:

- While there may be a desire to add a definition for a specific term (e.g. treat-in-place), unless the term is used in the rule, a definition would not be included.
- Terms defined in statute will not be revised unless additional clarification is needed. It was noted that concern was raised regarding language that implied a person may acquire a disability in an ambulance. The OHA has identified this as a possible future legislative statutory fix.
- Definitions for terms used within specific definitions have been added including "emergency care," "non-emergency care," and "pre-hospital care." It was noted that these terms are broad enough to capture the concept of treat-in-place.

RAC member inquired why naturopathic physicians (ND) were added in the definitions for emergency care and non-emergency care. Staff responded that this was due to previous legislation. It was further noted that based on administrative rules adopted by the Oregon Medical Board, a ND cannot be an EMS Supervising Physicians. **Follow-up: Naturopathic physicians were added into these definitions based on passage of SB 856 during the 2017 Legislative Session (2017 Oregon Laws, chapter 356, §90).**

No additional comments from RAC members.

OAR 333-260-0020 (Ambulance Service Plan Review Process) **–** D. Selover shared that based on previous RAC discussions, the OHA has tried to move information so it's more in a chronological order and the term "certified" was replaced with "adopted" as previously stated. The OHA also provided text for purposes of implementation requirements.

The intent of sub-section (3)(a) through (c) is to: (1) identify an effective date when an ambulance service plan (ASPs) that is subject to review because of a change or when scheduled for a 5-year rule review must comply with the revised standards; (2) specify that ASPs already approved must continue to comply with existing rules currently in place; (3) allow ASPs that are currently under review to be held to the standards in rule currently in place and will not be required to meet new standards until the County changes the ASP or when the 5-year rule review is due; and (4) allows a County to decide to implement revised standards earlier than 5-year rule review should they choose. Discussion:

- RAC member noted that their county ASP is currently under review and asked for further clarification when they would be required to comply with new standards. D. Selover noted that the language is intended to allow those plans moving forward in the approval process to continue to comply with rules in place now. The county would

need to comply with revised standards when the 5-year cycle is up or if they decide to make changes to the plan.

- RAC member asked, if an ASP is in effect right now, will they have 5-years before they must comply? D. Selover clarified that the County would have to comply with the revised standards when their current ASP is up for renewal, which may be sooner than 5-years. Counties can go to the following website to determine when their ASP will be subject to review: https://app.smartsheet.com/b/publish?EQBCT=cb1780b832e44797b30d73e441331257
- RAC member asked what the ASA holder's responsibilities will be; will the ASA holder have the same 5-year rolling timeline to come into compliance with the new agreement under the new ASP. D. Selover clarified that it's the County who determines when the ASA holder must comply through adoption of a revised plan meeting the new standards. Further discussion ensued:
    - If a County wants to overhaul their ASP earlier than the 5-year term, the selected providers will have to be in line with the ASP.
    - It's the County's responsibility to comply with the OAR and once the County decides whether to retain its current plan or revise a plan to meet new standards, then the County would need to enforce agreements.
    - Once an ASP is adopted to comply with the new standards, any agreements with ambulance services would have to be updated to comply with the revised ASP. Counties should seek further advice from their legal counsel.
    - The conjunction of changing the rules and revising an ASP will mean Counties will likely have to negotiate a simultaneous contract change if there's going to be material changes to the contract with the provider. They remarked it is unlikely that Counties will choose to voluntarily enter a new ASP early. RAC member expressed appreciation for the proposed applicability options provided.
    - Some County agreements may include performance measures that won't necessarily be in an ASP and Counties should consider what changes may be relevant (e.g. have a general referral to complying with state, federal, and local laws.)
    - RAC member inquired whether based on subsection (3)(d) if a County may choose to amend and submit its ASP to comply with revised standards on or after the 5-year cycle? It was noted that a County could choose to comply with revised standards after the rules go into effect and before their 5-year cycle ends. As (3)(a) through (c) include the term must, (3)(d) allows an option for Counties should they want to comply sooner.
- D. Selover noted that the Department of Justice will be reviewing the applicability statements for accuracy based on the program's intention.

Section (4) was revised to clarify that when changes such as phone numbers or points of contact are changed, it will not require resubmission of the ASP. It was also amended to specify that the County must provide written notice to the OHA within 30 days of any change to the ambulance service plan administrator.

- RAC member recommended via Chat not requiring phone numbers in the ASP, as it is a cumbersome process to modify the ASP ordinance when phone numbers change.
- RAC member concurred with statement and noted via Chat that phone numbers, equipment lists, and agency profiles change annually and should not be required to be in the plan that requires county governing body or OHA approval.

Sections (7) and (8) were removed and incorporated under section (5) and (6).

- RAC member expressed appreciation for the reorganization and changing terminology from certified to adopted.

OAR 333-260-0030 (Subjects to Addressed in an Ambulance Service Plan) – No changes have been made to 0030 from version discussed on April 7.

There were no comments from RAC members.

OAR 333-260-0035 (County Characteristics Affecting Ambulance Response) – D. Selover shared that based on previous RAC feedback instead of requiring submission of specific demographic and geographic data, the rule has been updated to require that the County explain to OHA how specific criteria were considered in planning for efficient and effective county response. It was noted that it's understood that Counties are already considering geography such as rivers, mountain ranges, etc. that will influence an ASP. The County is also likely considering population size and density, age distribution, etc. Instead of submitting a bunch of data, OHA is asking the County to describe how those factors influenced the ASP.

- RAC member expressed appreciation for recognizing how planning for service delivery is different and is fine with the changes.

OAR 333-260-0040 (Boundaries) – D. Selover noted that based on the May 12 RAC discussion, subsection (2)(a) has been amended considering what resources are available to the County and publicly available resources such as DOGAMI and other government agencies that can make GIS available. The rule requires a digital file that includes a GIS map showing the ASA boundaries and response time zones. The GIS map must include layers that identify streets, avenues, and highways; PSAP coverage areas; fire districts; etc. A printed map must also be included in the plan. It was noted that the OHA would like to use GIS information to create a map that can be on the EMS webpage, so someone can see where all the ASAs are in the County.

- RAC members via Chat expressed appreciation for the changes.

- RAC member remarked that it's uncertain whether all rural or frontier counties have the capacity to create GIS maps and perhaps the term, "if available" could be added to rule, in case the County does not have a GIS program. D. Selover remarked whether Rural Fire Protection Districts have the capacity, and if so, perhaps the County could have access as well. RAC member will investigate further.
- Via Chat, RAC member expressed agreement with the "if available" language.
- RAC member via Chat indicated that virtually all electronic mapping files are easily converted into file types used by more capable GIS programs. A risk of explicitly defining acceptable file types etc. would be that the OAR could become stale as new file types become more common. RAC member further commented that the OHA may want to consider a definition for GIS map so that it can accommodate a KML file, shape file, or other terms that does not require an "ArcGIS program" or another GIS program.
    - OHA staff noted that there are many acceptable types of GIS files and will look further into whether a KML will work.
- D. Selover asked RAC members to consider possible definitions for GIS file and to submit suggestions to staff and to also consider whether interpretive guidance should be considered instead to allow more flexibility.

OAR 333-260-0050 (System Elements) **–** D. Selover highlighted changes to subsection (1)(b) noting that the term "pre-arranged" has been removed and the rule specifies that the ASP must address and include emergency and non-emergency interfacility ambulance service transfers. Language was specifically tied back to ambulance service transfers. The idea is not that the County is responsible for everything, rather that the ASP accounts for and recognizes how it will be done.

- RAC member remarked that members of the Oregon State Ambulance Association are divided on this topic. Members in support believe it's important that non-emergent and interfacility transport be included in a formal way. He further stated that multiple business units could benefit from or be hurt by the modified language. 9-1-1 is profoundly impacted by APOT times, patient pass through, an inability or vacuum for the interfacility market. It is important for systems to be sustainable and as such rules should provide "teeth" such as "first right of refusal" for the incumbent or the current 9-1-1 provider. It was further stated that this is a great opportunity for ASAs and administrators to consider how to improve their pass-through and efficiency related to interfacility.
- RAC member via Chat expressed support for language under (1)(b) to require how County's identify how interfacility ambulance services will be addressed and leaving the "how" up to each County rather than prescriptive OARs. RAC member via Chat concurred.
- RAC member via Chat recommended adding language such as "First Right of Refusal," "Open market bill," or "Primary provider subcontracting."

RAC member suggested that in subsection (1)(a) relating to PSAP dispatch calls that it be amended to include reference to primary or secondary PSAP calls and calls that are relayed or dispatched. It was stated that in their county, most calls for EMS are received by primary PSAPs that are operated by the cities and then transferred to the provider operated dispatch center. On average, when a call is relayed, it could be up to two or three additional minutes before ambulance service is dispatched.

- RAC member via Chat concurred with comment about PSAP dispatch calls and noted they experience delays in dispatch because the system often routes calls to county dispatch and that must be transferred to the city dispatch which is primary. Sometimes five or more minutes in delays.

D. Selover shared that subsection (3)(b) was amended to state that for quality improvement the ASP must address and include evidence-based performance measures associated with patient outcomes and system performance that may include notification and response times. This language tries to address the May 12 discussion where RAC members expressed that the OHA should move away from adopting response times and focus more on outcomes and other members expressing concern about eliminating response times altogether that allows an application for an ambulance service that may not have capacity to serve the system.

- RAC member expressed appreciation for the rule language stating it allows Counties to determine what quality looks like for their individual county, which could change over time. EMS modernization may also play a role as various committees start to address quality metrics into local regional levels. RAC member further stated there are a variety of studies around better metrics versus solely looking at response times. The proposed language allows the County the latitude to be measuring what outcomes look like.
- Additional RAC members expressed appreciation and support for the proposed language.
- RAC member via Chat stated "I like (3)(b) because we have 350 square miles so we may have a distance delay to get to a patient, especially considering adverse terrain areas.

OAR 333-260-0060 (Coordination) **–** D. Selover noted that changes to this rule were in response to previous requests from RAC members. It was noted that the OHA is exploring possible language to ensure that revision to a phone number will not result in a formal readoption of an ASP. It was noted that there are strong feelings about having phone numbers available somewhere in the event of network/satellite outage.

- RAC member via Chat reiterated not requiring phone numbers in the ASP, as it is a cumbersome process to modify the ASP ordinance when phone numbers change.
- RAC member via Chat stated that an annex for current contact information, etc. that can be updated as needed without reapproving the entire plan would be ideal and

further stated that this is what they do with most other plans maintained by the County.

- RAC member inquired via Chat whether the phone number had to be a personal cell number or do most agencies not have a main line phone number that can be listed?
- RAC member stated via Chat that the Office of Emergency Management's PSAP program maintains a list of contact information which could perhaps be incorporated by reference.
- RAC member stated that phone numbers, people, positions, and changes would be coordinated by the County emergency manager and Oregon Emergency Management System. Those emergency managers and systems would have all the information for local agencies. It was suggested that this may be duplicative information.
- Staff asked how does an ASA holder contact, for example, specialized rescue such as water, hazmat, specialty resources, etc. if they cannot contact their 9-1-1 center? There have been multiple situations where 9-1-1 has gone down in different counties. The OHA wants those resources available, and it is uncertain whether every county has those resources available just on an as needed basis. RAC member responded that in their region, that is all handled at the county emergency manager level. They further noted that if the PSAP was down, it would involve use of individuals' personal phone numbers, including Search and Rescue team coordinator, fire chiefs, etc. Business lines, especially for volunteer departments, frequently go unanswered because no one is there. Requiring personal phone numbers is problematic as they could not be published online. An annex to an ASP would have to be maintained so it's withheld from publishing but still available to the people that need it.
- Staff encouraged RAC members to consider and submit possible language.
- RAC member suggested that perhaps the annex can be incorporated as part of the review process but not part of the actual ASP. It would be supporting documentation, like supplemental material.

OAR 333-260-0070 (Ambulance Service Area Provider Selection) **–** Subsection (2)(d) in this rule was amended in response to written comments received by RAC member. No other changes were made.

- RAC member inquired about subsections (2)(e) and (f) based on previous concerns shared where there is no county level capability to ensure continuation of services in some rural or frontier counties when a volunteer ambulance service may just stop providing services. D. Selover noted that while this is very rare, OHA does want the County to consider a possible back-up plan. RAC member noted that if an ASA provider is a volunteer system in a rural or frontier community, there generally is limited capacity for the County to plan for continuation of emergency services beyond that. The County would not be able to get a commercial provider in because it's not financially viable; there is no capacity to finance. Discussion points included:

    - Consider making it a policy decision for the legislature.
    - Involvement of Health Security Preparedness and Response (HSPR).
    - Consider neighboring volunteer services stepping in for defined period.
    - County responsibility for some action.
    - Complex and nuanced issue, especially when talking about quasi-governmental or governmental entities providing ambulance services versus private entities and what options counties have to sustain services.
    - EMS modernization project – how to build a stronger, more resilient EMS system.

RAC member asked whether the OHA considered a definition for the term non-emergency ambulance service provider based on use in section (3) and asked how an agency would get licensed as a non-emergency provider if they are not offering themselves as an emergency provider. D. Selover noted that the rule specifies that the **ASP shall** designate one emergency ASA provider for each ASA and that the **County may** designate one or more non-emergency ambulance service providers for each ASA. It was further noted that there are ambulance service agencies that do not provide 9-1-1 services but do only emergency events. Staff further noted that there is a subtle distinction in the definition of ambulance service area provider, whereas the County must designate one provider to respond to 9-1-1 calls and may select other providers that offer non-911 services or other services based on contracts.

- RAC member noted that the statutory definition for ambulance states it must offer themselves up for emergency transport and questioned whether there was another ambulance license that was specifically for non-emergency that do not offer themselves up for emergency transport. Since the definition says provided for emergency transportation, concern was noted whether it creates too much restriction and whether an agency must be licensed as a non-emergency ambulance to provide non-emergency services for ASAs. Staff will consider further including removing the reference to 'non-emergency.
- D. Selover noted that this language is in existing rule.
- Definitions noted:
    - Ambulance Service Area Provider means an ambulance service licensed in accordance with ORS 682.045 and OAR chapter 333, division 250 that responds to 9-1-1 dispatched calls or provides pre-arranged non-emergency transfers or emergency or non-emergency interfacility transfers.
    - Ambulance Service means an individual, partnership, corporation, association, governmental unit or other entity that operates ambulances and holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.

- Ambulance or Ambulance vehicle means a privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided for the emergency transportation of persons who are ill or injured or who have disabilities.

Appendix A – Staff noted that Appendix A was modified to align with the changes made to rules.

- RAC member inquired for Section 4, whether a link to an online map was sufficient or does the OHA still want the shape file? Staff responded that a link here is sufficient.

Statement of Need, Fiscal, and Equity Impact Statement (SNFI) – Staff noted that the SNFI was reviewed at the May 12 meeting, and this time was allotted to see if RAC members had any additional feedback or suggested changes.

- OHA will re-evaluate impact based on the statements related to compliance.

Next steps – Staff re-reviewed the proposed rule submission deadlines shared at the April 7th meeting:

- July 17th deadline for submitting final draft language to the Public Health Division's administrative rules coordinator
- August 1st posting in Oregon Bulletin
- August 17th (on or after) – Public Hearing
- August 24th (on or after) – Written public comment closes
- Between August 24th and mid-September – OHA will review public comments and respond to the Hearing's Officer report and consider any final changes to rules.
- Depending on number of comments received and possible changes needed, effective date could be between September 15, 2026 to October 1, 2026.

RAC members were encouraged to submit additional comments including actual proposed rule text for the OHA to consider. **Deadline to submit comments is close of business, June 9, 2026.**

Staff thanked RAC members for their participation.