

**Ambulance Service/Vehicle Licensing Rule Advisory Committee****December 09, 2024****9:00 – 11:00 a.m.**

<b>RAC MEMBER ATTENDEES</b>	
Bonnie Overcash	Basin Volunteer Ambulance
Brian Butler	Keizer Fire District
Davalee Meade	Woodburn Ambulance
Drew Norris	Bend Fire & Rescue
Jared Jeffcott	Sunriver Fire Department
Jerry Cole	Columbia River Fire & Rescue
JoAnna Kamppi	Eugene Springfield Fire; State EMS Committee
Matt Dale	Canby Fire
Mike Hughes	Boardman Fire Rescue District
Rob McDonald	AMR Oregon
Shawn Rogers	Rogers EMS Consulting; Medix
Sheila Clough	Mercy Flights
Tim Novotny	Pioneer Ambulance
<b>Other Interested Parties</b>	
Matt English	Canby Fire
<b>OHA Staff</b>	
Adam Wagner	OHA-Public Health Division, EMS Program
Dana Selover	OHA-Public Health Division, Health Care Regulation & Quality Improvement
Justin Hardwick	OHA-Public Health Division, EMS Program
Mellony Bernal	OHA-Public Health Division, Health Care Regulation & Quality Improvement
Rebecca Long	OHA-Public Health Division, EMS Program
Robbie Edwards	OHA-Public Health Division, EMS Program
Veronica Seymour	OHA-Public Health Division, EMS Program

## Welcome and Overview

Mellony Bernal welcomed the Rule Advisory Committee (RAC) members and reviewed agenda and meeting procedures and expectations.

- Chat will be used for persons to identify that they have a question or wish to speak by typing "COMMENT" or persons may raise their hand.
- Persons may choose to provide information by typing into the Chat "For the Record" or "FTR" and typing out the information that they wish to share with staff.
- The meeting is a public record and subject to disclosure.
- Members of the public may attend but may not participate or offer public comment. Members of the public who would like to share information after the meeting, may contact [mellony.c.bernal@oha.oregon.gov](mailto:mellony.c.bernal@oha.oregon.gov).

It was noted that all rulemaking activity related to EMS including recently filed rules, temporary rules, proposed rules out for comment, rulemaking advisory committees in progress and general interest in participating on a RAC can be found on the EMS Rulemaking Activity webpage at:

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Pages/Rulemaking-Activity.aspx>

Roll call of RAC members was conducted and RAC members introduced themselves.

## Rulemaking Process

M. Bernal reviewed the rulemaking process.

- Administrative rules are changed for a variety of reasons. Changes that are considered housekeeping in nature such as spelling, grammar, statutory or rule reference updates, and agency or program name changes do not require an agency to convene a rulemaking advisory committee (RAC.)
- Administrative rule changes based on legislation, clarifying intent or community partner requests require a RAC.
- The OHA is required to draft proposed rule text, convene a RAC composed of persons and communities that are impacted by the proposed rules, and consider RAC member input on the impact and possible changes including possible fiscal impact and equity impact.
- After the RAC has concluded, the agency will file a Notice of Proposed Rulemaking with the Secretary of State identifying need for rule, proposed rule text, fiscal impact and equity impact.

- Interested parties are notified about a public hearing and written public comment period. At the public hearing, persons can provide oral testimony. Written public comments will also be accepted.
- After the deadline to receive comments, the OHA will consider the comments received, assess whether additional changes to rules are necessary based on comments, and then will file permanent rules with the Secretary of State and identify an effective date.

## RAC Scope

M. Bernal reviewed the scope of this RAC the purpose of which is to seek input on proposed amendments to licensing requirements for ambulance service agencies and ambulance vehicles.

- RAC members will be asked to consider the fiscal and equity impact.
- The RAC is advisory only. OHA will consider RAC input for possible integration into the final rules.
- RAC members were selected based on persons and communities affected by the proposed changes and include ambulance service agencies, EMS agencies, EMS providers, and EMS related associations. Geographic location, roles within organization and provider types were considered.
- RAC members are asked to attend meetings regularly.
- RAC members may have a person represent them if they are unable to attend and need to notify the OHA.
- Four meetings have been scheduled but meeting dates and times may change as needed. The three additional meetings have been scheduled for:
  - January 13, 2025 from 9-11 a.m.
  - February 6, 2025 from 9-11 a.m.
  - March 11, 2025 from 9-11 a.m.
- The OHA is anticipating filing the proposed rules after review by RAC in July or August of 2025. The OHA cannot file rules for public comment until after the end of legislative session.

## Proposed Rule Changes

### OAR 333-250-0205 – Definitions

Changes to definition have been made for clarification, align with terms defined in statute or the Oregon Medical Board, or remove outdated references.

- Physician assistant references have been updated to physician associate based on passage of HB 4010 (2024.)

- Ambulance service administrator was changed to reflect an ambulance service operations officers or a manager responsible for the professional, supervisory and administrative work in the operation of an ambulance service. RAC members were asked whether the terms accurately reflect positions within an ambulance service or are there other terms that should be considered. Staff clarified that the intent is not to place a term in rule that would somehow prevent someone from acting in a supervisory or operations role.
  - RAC members via Chat shared the following additional terms: EMS director, Operations leader, EMS chief, EMS coordinator.
- New terms added include 'ambulance service licensee,' 'electronic patient care report,' 'primary ambulance service areas provider,' and 'standing orders.'
  - RAC member noted in the Chat for the term 'primary ambulance service area' 'if we use primary, shouldn't there be a secondary definition? RAC member indicated that if the intent is that there is only one agency assigned to an area, the rule should reflect "the" ambulance service assigned to an area. The proposed definition would imply there can be more than one agency assigned to an area. Staff noted they will consider further.
- Staff noted that the term "governmental unit" will be added to definitions based on advice from the Department of Justice (DOJ.) Based on ORS 682.025, "Governmental unit" means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.
- The term "Owner" will be revised to indicate, "Owner means the person or governmental unit having all the incidents of ownership in an ambulance service..."
  - RAC member noted via Chat that there are so many potential owners beyond a person or governmental entity - perhaps something like "licensee" or "ownership entity." Staff responded that pursuant to ORS 174.100, reference to 'person' includes individuals, corporations, associations, firms, partnerships, LLC and joint stock companies.
- Definitions for 'emergency care' and 'non-emergency care' have been edited to align with statute based on passage of SB 856 (2017).

### **OAR 333-250-0210 – Application **and Qualification** for an Ambulance Service License**

Staff noted the primary intent of the title change (adding reference to qualification) is to ensure that ambulance service agencies understand that to retain their ambulance service license, they must continue to meet the requirements of the rule(s). Minor updates have been made to clarify terms and align with statute. Additionally, changes have been made to documentation requirements and language added that provides that in order to provider services in a new ambulance service area (ASA), the agency must



submit a new application for licensure. An exception has been provided for air ambulance.

- Staff noted that based on feedback from the Department of Justice (DOJ), language in subsection (3)(d) may be added back. The intent is to require an ambulance service owned or operated by a governmental unit to provide documentation that the agency is authorized to operate as a city, county, special district agency. Documentation may be in the form of a local government charter document, by laws, etc. or something that shows that they are a part of the government when there is no business license through the Sec. of State Corporation Division.
- Additional documentation requirements for ambulance service applicants have been added so that the OHA can ensure that counties or other applicable governmental agencies are aware of and understand that an applicant for an ambulance service license intends to provide services. Notice must be provided by the applicant to each county governing body that administers an ambulance service plan that the applicant plans to apply for a license with a description of the intended service area, if the license is issued notice when the ambulance service will begin operations and notice that the ambulance service will not provide services when not properly dispatched through a PSAP or recognized dispatch center; will not provide services with knowledge that another service has been notified to respond; will not provide services in violation of protocols, procedures, regulations; and will not provide services that interfere with safe and effective operation of an EMS system.
- Language has been added providing that a currently licensed ambulance service who wants to serve as the primary provider in a newly assigned ambulance service area must submit a new license application. The new license must be granted before operating in the new service area. An exception is provided for air ambulance providers that are providing services as a supplement to the primary ASA provider(s).
  - RAC member asked via Chat, "Can a provider try to move into an already served area?" Staff responded that the rule does not prevent a currently licensed ambulance service from moving into an ASA where another provider has been providing services. It allows the OHA the ability to conduct inspections of the facility, records, and vehicles to make sure the service is following the ambulance service plan and the ASA administrative rules.
  - RAC member asked follow-up question about how ASAs are assigned. Staff noted that it's typically a board or committee assigned by the county governing body to administer the ASA plan who is responsible for identifying ambulance services providers for an ASA. Per [ORS 682.062](#), counties are responsible for developing an ambulance service plan relating to the need for and coordination of ambulance services and to establish one or more

ASAs consistent with the plan for the efficient and effective provision of ambulance services.

#### **OAR 333-250-0215 – Review of License Application**

Changes include minor updates and clarifies that the OHA may deny a license if the applicant cannot demonstrate specified factors. Additionally, subsection (2)(f) regarding documented need for the service supported by the county government was removed based on changes to 333-250-0210.

RAC members had no comments.

#### **OAR 333-250-0220 – Approval of License Application OAR 333-250-0225 – Denial of License Application OAR 333-250-0230 – Expiration and Renewal of License**

Minor updates only changing Authority to Oregon Health Authority.

RAC members had no comments.

#### **OAR 333-250-0235 – Return of License**

This rule was amended to allow an ambulance service licensee to submit a statement to the OHA acknowledging that license certificates and applicable license decals have been removed and destroyed versus actually returning the document(s)/decal(s) when a license is suspended, revoked or expires.

RAC members had no comments.

#### **OAR 333-250-0240 – Surrender of License**

Changes include minor updates replacing the term owner with ambulance service licensee and updating Authority to Oregon Health Authority. Additionally, in order to align with changes made under OAR 333-250-0235, if an ambulance service closes operation, the licensee must submit a statement indicating that all applicable licenses and decals have been removed and destroyed. Lastly, a rule was added stating that the OHA may deny an ambulance service the ability to surrender a license in the event that there is a pending investigation or administrative action.

RAC members had no comments.

### **OAR 333-250-0250 – Operational Requirements**

Changes to this rule include minor updates including clarifying that the operational requirements of any agency are applicable to the area of operation. As such, all protocols, procedures, standing orders, etc. must be written so that they apply to the area being served. Additionally, a rule has been added clarifying that if the licensed ambulance service is not the primary ambulance service area provider, it cannot provide services if not properly dispatched through a PSAP, with knowledge that another ambulance service has been notified to respond to call, in violation of local protocols, procedures or ordinances, or that interfere with the safe and effective operations of an EMS system. These factors are frequently referred to as 'call-jumping.'

- RAC member asked whether this responsibility would fall to the county ASA to enforce? Staff responded that it does fall to the county, however, the proposed language will allow the OHA to take possible licensing action if an ambulance service is found to be in violation by the county.
- RAC member asked if an ambulance service provider is working in an ASA and is not the primary agency for the ASA, that it does not require the agency to be dispatched through a PSAP for purposes other than 9-1-1 scene response. For example, contacting the ambulance service through a 10-digit number to provide transport of a patient from a long-term care facility to a hospital for assessment or screening. Concern was noted by the RAC member that as written it would appear that if the ambulance service is not the primary, it must still be dispatched through a PSAP. Staff noted that the intent was to ensure that for purpose of 9-1-1 scene response that ambulance services providers other than the primary ASA holder must be dispatched through a PSAP and would not apply to the example provided or interfacility transports. RAC member indicated that the rules should be written so that it does not remove the ability for a facility to call the 10-digit non-emergency line for transport to a hospital. Staff will consider language further.

### **OAR 333-250-0255 - Facility**

The proposed amendment recognizes that many ambulance service agencies may have agreements in place with local hospitals to leave soiled linens at the hospital. The rule was thus amended to state that IF soiled linens are kept at the ambulance facility, then there must be soiled linen receptacles kept in separate area from clean linen.

RAC members had no comments.

### **OAR 333-250-0265 – Policies and Procedures**

Proposed changes include minor grammatical changes, clarifies that policies and procedures must be applicable to the area of operation in alignment with OAR 333-250-0250, removes specific references to OSHA, Oregon Board of Pharmacy and US Drug Enforcement Agency regulations, adds a new rule reference for purposes of infection control in an ambulance vehicle and requires a policy on quality assessment and performance improvement that aligns with OAR 333-250-0320.

- Staff clarified that the intent is an agency is required to comply with other agency rules and regulations such as OSHA, the Oregon Board of Pharmacy, etc. and those regulatory bodies are responsible for enforcement. Since those regulatory bodies are responsible for enforcement, a licensed ambulance service needs to work with those organizations directly on requirements relating to policies, procedures and training.
- Staff further noted that the infection control rule for ambulance vehicles referenced in this rule will be discussed when the RAC reconvenes to discuss OAR chapter 333, division 255 relating to ambulance vehicles.
- Quality assessment and performance improvement (QAPI) is a current required under these administrative rules, and the proposed change notes that an agency must have a policy on its QAPI efforts.
- Lastly, the proposed changes acknowledge that agencies may now have both paper and electronic patient care reports and policies must be in place for the release and destruction of either.

RAC members had no comments.

### **OAR 333-250-0270 - Personnel**

Staff noted that the primary intent of the changes in this rule were to clarify the requirements for employees, volunteers, drivers, etc. The rule was confusing and so information has been moved around in an effort to make it clearer. An additional requirement was added for purposes of employee orientation. An agency must include in their orientation an overview of the rules and regulations relating to ambulance services (333-250), ambulance vehicles (333-255), and EMS providers (333-265 and 847-035). It was further noted that the OHA wants to ensure that everyone has the same training based on the level of service they will provide.

RAC members had no comments.



### **OAR 333-250-0280 – Personnel File Documentation**

Changes in this rule were made to align with the changes under OAR 333-250-0270. It clarifies that personnel files are also needed for qualified drivers, spells out acronyms, removes duplicative references and provides that personnel may provide evidence of completed health screening.

RAC members had no comments.

### **OAR 333-250-0300 – EMS Medical Direction**

The intent of changes in this rule is to clarify minimum requirements for an EMS medical director. A licensed ambulance service must have one EMS medical director and may appoint additional agents as defined under [OAR 847-035-0025](#). Further changes were made to note that if an ambulance service operations in non-contiguous counties, then the licensed ambulance service must have one EMS medical director in each non-contiguous county of operation. If a county or regional EMS system prescribes that an agency must have a governmentally appointed EMS medical director, then that agency may have a different EMS medical director in contiguous counties. Additionally, changes were made to require that standing orders be reviewed on an annual basis.

- RAC member asked what are the qualification or definition for the term "agent." Staff noted the definition in the Chat which is found under Oregon Medical Board rules and means a physician licensed under ORS 677.100 to 677.228, actively registered and in good standing with the Oregon Medical Board, designated by the supervising physician to provide direction of the medical services of emergency medical services providers as specified in rules adopted by the OMB.
- RAC member requested that the program amend the rules to add a reference to the definition.

### **OAR 333-250-0310 – Patient Care Report**

The rules were revised removing reference to waivers for electronic patient care reporting. The ability to issue waivers for electronic reporting expired on 1/1/2022. Updates were made in terms of storage requirements for paper and electronic patient care reports.

RAC members had no comments.

**OAR 333-250-0315 – Electronic Transfer and Access of Patient Encounter and Outcome Data**

Only minor changes occurred in this rule updating terms.

RAC members had no comments.

**OAR 333-250-0320 – Quality Assessment and Performance Improvement**

Minor changes were made to this rule. Additionally, the rule was amended to clarify that an ambulance service must implement a quarterly reporting process for performance improvement activities that includes documentation requirements. Documents do not need to be sent to the OHA rather must be presented to staff during an investigation or survey. It was noted that this is a standard requirement for health care facilities to have QAPI programs and a process to review performance improvement activities and to document such reviews.

RAC members had no comments.

**OAR 333-250-0330 – Patient Rights  
OAR 333-250-0340 – Waivers or Variance  
OAR 333-250-0350 – Complaints  
OAR 333-250-0360 – Investigations  
OAR 333-250-0370 – Surveys**

Minor wording changes occurred in these rules including updating the term Authority to Oregon Health Authority, updating rule number section references, adding reference to "in writing" when OHA issues a waiver or variance, and updating term "manager" to ambulance service administrator.

RAC members had no comments.

**OAR 333-250-0375 – Responsibility to Notify the OHA of Changes**

This is a new rule that requires ambulance service agencies to report to the OHA within 30 days any change of name, mailing address, street address, contact email, contact phone number and EMS provider affiliations. It was noted that the program is also considering adding a reference to change of administrator.

- RAC member asked what the notification process would be to notify OHA, specifically can the changes occur through ELITE or does it need to be

written or sent by email? Staff responded that requests to update information could happen via email. Staff further noted that the goal is to create an electronic application in LMS so that these changes can be made.

- Staff further noted that based on the comments, additional changes may need to be considered indicating that the change should occur through LMS which serves as the primary record that transfers to ELITE. Staff will consider further.

### **OAR 333-250-0380 - Violations**

The intent of changes in this rule is clarify that it is a violation for an ambulance service to fail to comply with both the 333-250 rules as well as the ambulance vehicle rules under 333-255. Furthermore, the program has added that it is a violation for an ambulance service to allow or permit a person without a health care license to provide emergency or non-emergency care for which a license is required.

- Staff questioned whether language should be added that allows, in very limited circumstances, a person to attend to a patient in a vehicle for certain purposes as described under ORS 682.035. Staff will consider further and noted that statute over-rides rule so it may not be necessary. **Follow-up: OAR 333-265-0070 specifies that an Oregon EMS provider license is not required when specifically exempted under ORS 682.035.**

### **OAR 333-250-0390 – Informal Enforcement OAR 333-250-0400 – Formal Enforcement**

These two rules were amended to clarify that the OHA may take an enforcement action against an ambulance service for failing to comply with any of the rules under both OAR 333-250 and OAR 333-255.

### **NEXT STEPS**

The next meeting is scheduled for January 13, 2025 at 9:00 a.m. A calendar appointment and Zoom link will be sent by email. RAC members were encouraged to share any follow-up comments or questions via email to [mellony.c.bernal@oha.oregon.gov](mailto:mellony.c.bernal@oha.oregon.gov) including any draft language for consideration.

Adjourned at 10:21 a.m.