



## PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 333

**OREGON HEALTH AUTHORITY  
PUBLIC HEALTH DIVISION**

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### RULES:

333-250-0200, 333-250-0205, 333-250-0210, 333-250-0215, 333-250-0220, 333-250-0225, 333-250-0230, 333-250-0235, 333-250-0240, 333-250-0250, 333-250-0255, 333-250-0265, 333-250-0270, 333-250-0280, 333-250-0300, 333-250-0310, 333-250-0315, 333-250-0320, 333-250-0330, 333-250-0340, 333-250-0350, 333-250-0360, 333-250-0370, 333-250-0375, 333-250-0380, 333-250-0390, 333-250-0400, 333-255-0000, 333-255-0010, 333-255-0015, 333-255-0020, 333-255-0021, 333-255-0022, 333-255-0023, 333-255-0040, 333-255-0060, 333-255-0065, 333-255-0070, 333-255-0072, 333-255-0073, 333-255-0080, 333-255-0081, 333-255-0082, 333-255-0095, 333-255-0100, 333-255-0105, 333-255-0110, 333-255-0115, 333-255-0120, 333-255-0125

AMEND: 333-250-0200

RULE TITLE: Effective Date and Preemption

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0200

Updates reference to ambulance service plan to align with OAR chapter 333, division 260.

### RULE TEXT:

- (1) No person shall operate an ambulance service unless issued an ambulance service license by the Oregon Health Authority, Public Health Division.
- (2) These rules preempt any local ambulance ordinances and county ambulance service plans that are in conflict. This rule does not prevent a city or county from establishing requirements more stringent than those set forth in these rules.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0205

RULE TITLE: Definitions

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0205

Updates definitions to align with statute and adding new terms for clarification and to align with use of terms in OAR chapter 333, divisions 255 and 260.

RULE TEXT:

- (1) "Advertise" means to communicate information to the public, or to any person concerned, by any oral, written, or graphic means including, but not limited to, pamphlets, newspapers, television, billboards, radio, Internet and telephone directories.
- (2) "Agent" has the same meaning given that term in OAR 847-035-0001.
- (3) "Ambulance" or "ambulance vehicle" means any privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.
- (4) "Ambulance-based clinician":
  - (a) Means a registered nurse, physician, or physician associate who:
    - (A) Has an active license in Oregon and is in good standing with the Oregon Board of Nursing or the Oregon Medical Board; and
    - (B) Staffs an ambulance for a licensed ambulance service.
  - (b) Includes an EMS medical director or agent that staffs an ambulance.
- (5) "Ambulance service" means a person, governmental unit, or other entity that operates ambulance(s) and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.
- (6) "Ambulance service administrator" means an individual responsible for the professional, supervisory and administrative work in the operation of the ambulance service and its staff.
- (7) "Ambulance service area (ASA)" means a geographic area served by one ambulance service provider, and may include all or portion of a county, or all or portions of two or more contiguous counties.
- (8) "Ambulance service license" means the documents issued by the Authority to the ambulance service licensee when the service is found to be in compliance with ORS chapter 682; OAR chapter 333, division 255 and these rules.
- (9) "Ambulance service licensee" means the person or owner as defined under this rule, to whom the ambulance service license is issued.
- (10) "Ambulance service plan" has the meaning given that term in OAR 333-260-0010.
- (11) "Ambulance service plan administrator" means an individual responsible for overseeing the development, implementation, and maintenance of an ambulance service plan.
- (12) "Ambulance service provider" means an ambulance service licensed under these rules that responds to 9-1-1 dispatched calls or provides prearranged non-emergency transfers or emergency or non-emergency interfacility transfers.
- (13) "Authority" means the Emergency Medical Services Program, within the Oregon Health Authority.
- (14) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.
- (15) "County governing body" means a Board of County Commissioners or a county court.
- (16) "Electronic patient care report (ePCR)" means an Authority-approved electronic field data format that is completed by an EMS provider or ambulance-based clinician for all patients receiving prehospital assessment, care or transportation to a medical facility.
- (17) "Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill or injured or who have disabilities; in the administration of care or medications as prescribed by a licensed physician or naturopathic physician, insofar as any of these acts is based upon knowledge

and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. "Emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(18) "EMS" means emergency medical services.

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

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

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

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

(23) "Governmental unit" means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.

(24) "National Emergency Medical Services Information System (NEMSIS)" means the national system used to collect, store and share emergency medical services data from the United States and Territories.

(25) "Non-emergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677 or naturopathic physician licensed under ORS chapter 685, insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board or Oregon Board of Naturopathic Medicine in the course of providing prehospital care as defined in this rule.

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

(27) "Outcome data" means the data collected by an Oregon trauma center on a trauma patient and identified in Appendix 2 of OAR 333-250-0315.

(28) "Oregon Emergency Medical Services Information System (OREMSIS)" means the prehospital emergency medical services data collection and analysis system operated by the Oregon Health Authority.

(29) "Oregon Trauma Registry (OTR)" means the data collection and analysis system for trauma patient care operated by the Oregon Health Authority.

(30) "Owner" means the person or governmental unit having all the incidents of ownership in an ambulance service or an ambulance or where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

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

(32) "Patient" means a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an EMS provider.

(33) "Patient encounter data" means the prehospital data collected by an EMS provider responding to a scene where patient contact is initiated and identified in Appendix 1 of OAR 333-250-0315.

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

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

(36) "Physician Associate (PA)" means a person licensed under ORS chapter 677, actively registered and in good standing with the Oregon Medical Board.

(37) "Prehospital care" means care rendered by EMS providers as an incident of the operation of an ambulance and care

rendered by EMS providers as incidents of other public or private safety duties, and includes, but is not limited to "emergency care" as defined in this rule.

(38) "Primary ambulance service area (ASA) provider" means the ambulance service provider that has been chosen to serve one geographic area.

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

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

(41) "Standing orders" means the written detailed procedures for medical or trauma emergencies and nonemergency care to be performed by an EMS provider issued by an EMS medical director in conformance with the scope of practice and level of licensure of the EMS provider.

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

(43) "These rules" means OAR 333-250-0200 through OAR 333-250-0410.

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0210

RULE TITLE: Application and Qualification for an Ambulance Service License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0210

Minor updates to align with current processes; removes reference to public agency and replaces with government unit; updates language to ensure communication with owner of agency; updates information needed for licensure, including provides examples of documentation needed for purposes of licensing an agency owned by a governmental unit; provides clarification on license requirement for an ambulance service wanting to provide service in a new ambulance service area; and specifies that a licensed ambulance service must continue to comply with all requirements and qualifications in rule.

RULE TEXT:

- (1) Any person who furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the provision of ambulance service must be licensed by the Oregon Health Authority (Authority) and comply with ORS chapter 682; OAR chapter 333, division 255 and these rules before offering such service to the public.
- (2) An applicant for an ambulance service license must:
  - (a) Possess at least one ambulance, facilities, equipment, and a communications system meeting the requirements of these rules and OAR chapter 333, division 255;
  - (b) Have adequate staffing that supports the type of service, local call volume and the needs of the area as approved by the Authority; and
  - (c) Comply with all applicable local, state, and federal laws, ordinances and regulations relating to ambulance services.
- (3) An application for a license to operate an ambulance service shall be submitted electronically in a manner prescribed by the Authority and shall include, but is not limited to, the following information:
  - (a) The name and address of the ambulance service owner as defined in these rules;
  - (b) If other than the applicant's true name, the name under which the applicant is doing business;
  - (c) A corporation, limited partnership, or limited liability company shall attach to the application:
    - (A) A written statement from the Oregon Secretary of State's Corporation Division that the ambulance service is registered in accordance with the requirements of the Secretary of State's Corporation Division and that the ambulance service is in good standing, has filed required annual reports and has paid all registration fees;
    - (B) The name of the registered agent of the ambulance service that is on file with the Secretary of State's Corporation Division; and
  - (C) All trade names recorded with the Secretary of State's Corporation Division for the business entity, and if the business entity is a subsidiary, all trade names or names of all other subsidiaries recorded with the Secretary of State's Corporation Division;
  - (d) A governmental unit shall attach to the application documentation from an applicable local city or county agency authorizing the governmental unit (for example: charter, by-law, intergovernmental agreement, or resolution);
  - (e) Documentation of written notice provided by the applicant to each county government or county governing body that administers an ambulance service plan in which the applicant intends to operate that:
    - (A) The applicant intends to apply for an ambulance service license and a detailed description of the intended service area and operations; and
    - (B) If the license is issued, the date the ambulance service will begin operations;
  - (f) An attestation, acknowledging the requirements, and attesting to comply with requirements of OAR 333-250-0250(8);
  - (g) Documentation clearly defining the organizational structure including responsibility, authority and chain of command for all necessary functions within the organization;
  - (h) The name and contact information of the applicant's principal contact person to receive official communications from the Authority, if different than the person identified in subsection (3)(a) of this rule;

- (i) The mailing and actual street address of the principal place of business of the ambulance service and the actual street address of all fixed locations where an ambulance is parked when not in operation;
  - (j) Proof of financial responsibility as specified in ORS 682.105;
  - (k) Copies of all licenses issued by the Federal Communications Commission (FCC) for the operation of the ambulance service's communications equipment and radio configuration data as required by OAR 333-250-0290 or written authorization from a FCC license holder to use the license holder's frequencies;
  - (l) If laboratory tests are conducted that require a Clinical Laboratory Improvement Amendment (CLIA) Certificate or CLIA Certificate of Waiver, a current copy of the certificate(s) or waiver;
  - (m) A copy of the licensed ambulance service's Air Carrier Operating Certificate, if the service will be operating an air ambulance;
  - (n) Copies of all primary modes of advertising used by an ambulance service, including but not limited to, brochures and website addresses;
  - (o) The name of the software used to report patient encounter data as described in OAR 333-250-0310, as well as the name, address, and contact person of the vendor and the version of the National Emergency Medical Services Information System (NEMSIS) data dictionary used;
  - (p) The name of the approved emergency medical services (EMS) medical director and any designated agent(s) meeting the requirements in OAR 333-250-0300;
  - (q) A roster of all EMS providers, ambulance-based clinicians, and qualified drivers specifying who shall either operate an ambulance or attend to patients, or both, along with the following information for each employee and volunteer:
    - (A) The full legal name;
    - (B) The employment status as either full-time paid, part-time paid or volunteer;
    - (C) The level of professional license held; and
    - (D) License numbers, including EMS provider license numbers, driver and pilot license numbers for those persons operating the ambulance.
  - (r) A list of all ambulances to be operated by the ambulance service under the ambulance service license;
  - (s) A statement under the penalties of perjury that certifies the following:
    - (A) There has been no attempt to knowingly and willfully falsify, conceal, or omit a material fact, or make any false, fictitious, incomplete or fraudulent statements or representations, or make or use any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry for the purpose of obtaining or attempting to obtain an ambulance service license to operate in the State of Oregon. Where an applicant relies on documents submitted by employees, volunteers, ambulance-based clinicians, agents or EMS medical directors, the applicant has made a reasonable effort to verify the validity of those documents;
    - (B) The applicant authorizes any persons or entities, including but not limited to hospitals, institutions, organizations, or governmental entities to release to the Authority any information, files, or records requested by the Authority in connection with the processing of an application; and
    - (C) Upon receiving an ambulance service license, the licensed ambulance service authorizes to release information by insurance companies, physicians, health care facilities (including but not limited to, hospitals, nursing homes, urgent care centers or primary care facilities) to the Authority relating to services provided by the ambulance service to those facilities or to patients being taken from or to those facilities.
  - (t) The completed application must contain the signature(s) of the person(s) having the lawful responsibility for the overall operation of an ambulance service or the authorized person empowered to sign on behalf of the ambulance service; and
  - (u) Such other information as the Authority may reasonably require.
- (4) If the applicant's primary ambulance service business office is located in another state, the applicant must:
- (a) Meet requirements listed in sections (1) through (3) of this rule; and
  - (b) Attach copies of current ambulance service and ambulance license(s) for that state to the application.
- (5) The completed application to license an ambulance service must be accompanied by a nonrefundable licensing fee in

accordance with ORS 682.047.

(6) A currently licensed ambulance service wanting to serve as the primary ambulance service area (ASA) provider in a newly assigned ambulance service area must submit a new ambulance service license application and comply with this rule. A new license for the new service area must be granted before the licensee may operate in the new service area.

(7) A licensed ambulance service that intends to provide air ambulance services as a supplement to primary ASA providers, does not need to apply for a new service license.

(8) A licensed ambulance service must continue to comply with all of the requirements and qualifications in this rule.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0215

RULE TITLE: Review of License Application

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0215

Minor change spelling out acronym; clarifies that the Oregon Health Authority may deny an application for an ambulance if the applicant cannot demonstrate compliance with specified rules.

RULE TEXT:

(1) In reviewing an application for a license to operate an ambulance service, the Oregon Health Authority (Authority) shall:

(a) Verify compliance with ORS chapter 682; ORS 820.300 through ORS 820.380; OAR chapter 333, division 255; OAR 847-035-0020 through 0025 and these rules; and

(b) Conduct an on-site licensing survey in accordance with OAR 333-250-0370.

(2) The Authority may deny an application for an ambulance service license if the applicant cannot demonstrate the following:

(a) The use of proper medical and communication equipment;

(b) The level of care provided ranging from basic life support to advanced life support;

(c) The level of staffing to support the type of service, local call volume and the needs of the area;

(d) Whether there are adequately trained staff; and

(e) The ability to safely operate the ambulance service.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-250-0220

RULE TITLE: Approval of License Application

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0220

Minor change spelling out acronym; updates reference to ambulance service plan to align with OAR chapter 333, division 260.

RULE TEXT:

(1) The Oregon Health Authority (Authority) shall notify an applicant in writing if a license application is approved and include instructions on how to access the license electronically.

(2) A license shall be conspicuously displayed in the main business office of the ambulance service, or as otherwise directed by the Authority.

(3) An ambulance service license shall be issued only to the owner of the ambulance service named in the application and shall not be transferable to any other person, governmental unit, or ambulance service.

(4) Except when specifically exempted by ORS 682.035, an out-of-state ambulance service that operates or advertises in Oregon must be licensed by the Authority. An out-of-state ambulance service is not required to obtain an ambulance service license and ambulance license for the following situations:

(a) Transporting a patient through the state;

(b) Delivering a patient to a medical facility or other location within the state, if the beginning of the transport originated outside of the state;

(c) Picking up a patient at a medical facility or airport within the state for the purpose of transporting the patient to a medical facility or other location outside of the state, unless prohibited by the county's ambulance service plan; or

(d) In the event of a man-made or natural disaster declared by federal, state or local officials and resulting in the need to utilize all available resources to provide patient care and transportation in the affected area.

(5) When an ambulance service is found to be in non-compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR division 333, chapter 255; OAR 847-035-0020 through 0025 or these rules, the Authority may deny, suspend or revoke an ambulance service license or place an ambulance service on probation in accordance with OAR 333-250-0390 or 333-250-0400.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0225

RULE TITLE: Denial of License Application

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0225

Minor change spelling out acronym.

RULE TEXT:

If the Oregon Health Authority intends to deny a license application, it shall issue a Notice of Proposed Denial of License Application in accordance with ORS chapter 183.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0230

RULE TITLE: Expiration and Renewal of License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0230

Minor change spelling out acronym.

RULE TEXT:

(1) Each license to operate an ambulance service:

(a) Shall be valid until June 30 of each year, unless sooner revoked or suspended. The initial licensing period may not exceed 15 months; and

(b) Shall expire on June 30 of the following year, if a license is applied for and issued between April 1 and June 30.

(2) If a license renewal is desired, the licensed ambulance service shall make application and pay the appropriate fee at least 30 days prior to the expiration date in a manner prescribed by the Oregon Health Authority.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0235

RULE TITLE: Return of License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0235

Updates language to remove requirement that decals and other forms be returned to the Oregon Health Authority after a license is suspended, revoked or expired, and replaces with a statement from the ambulance service administrator acknowledging destruction of license certificate and applicable decals.

RULE TEXT:

If an ambulance service license is suspended, revoked, or expires, the ambulance service administrator shall submit a statement to the Oregon Health Authority acknowledging that the license certificate and any applicable license decals have been removed and destroyed.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0240

RULE TITLE: Surrender of License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0240

Replaces reference to the term "owner" with "ambulance service licensee." Minor change spelling out acronym. Updates reference to ambulance service plan to align with OAR chapter 333, division 260. Removes reference to county health department and replaces with county governing body. Clarifies that when final closing of ambulance service occurs, the licensee must submit within 10 calendar days, a statement that all licenses and decals will be removed and destroyed on final day of operation. Adds that the Oregon Health Authority may deny a licensee's ability to surrender their license in the event of an investigation or administrative action.

RULE TEXT:

- (1) An ambulance service license is non-transferable.
- (2) When an ambulance service licensee sells or closes the ambulance service, the ambulance service licensee must:
  - (a) Provide a minimum 30-days written notice of the intent to cease operation to the Oregon Health Authority (Authority);
  - (b) Provide the required notice as prescribed in the county ambulance service plan to the county governing body and the ambulance service plan administrator in which the ambulance service operates; and
  - (c) Take such other actions as may be determined to be necessary by the Authority or the county governing body, or the ambulance service plan administrator to ensure the smooth transition to a new ambulance service provider, including but not limited to permitting the continued operation of the existing provider for more than the required period of legal notice or making equipment and supplies available to an interim ambulance service provider.
- (3) Within 10 calendar days of final closing of the ambulance service, the ambulance service licensee must submit a statement to the Authority acknowledging that all applicable ambulance service licenses and any applicable license decals will be removed and destroyed on the final day of operation.
- (4) An ambulance service licensee may not terminate the ambulance service business or otherwise cease operations in violation of any provisions, rules or ordinances established under the provision of ORS chapter 682 and these rules.
- (5) The Authority may deny an ambulance service the ability to surrender their license in the event there is an investigation or pending administrative action against the ambulance service.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0250

RULE TITLE: Operational Requirements

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0250

Minor grammatical changes, spell out acronym, and updates rule number reference. Clarifies that the ambulance service must have documentation regarding its operation, specific to the area being served. Specifies that if not the primary ambulance service area provider, an ambulance service cannot provide services where not properly dispatched, with knowledge that another ambulance service is responding to call, in violation of an ambulance service plan, rules and regulations, or local protocols and procedures. Clarifies that an ambulance service may continue to provide interfacility ambulance transports when allowed under the ambulance service plan.

RULE TEXT:

(1) A licensed ambulance service may only utilize an ambulance for providing ambulance services that has been issued a license by the Oregon Health Authority (Authority), and that complies with all of the requirements of these rules, ORS chapter 682, ORS 820.300 through 820.380, OAR division 333, chapter 255, and other applicable federal, state and local laws and regulations governing the operation of a licensed ambulance service.

(2) Applicable to the area of operation, a licensed ambulance service must:

- (a) Document the organizational structure of the agency including identifying lines of responsibility and authority;
- (b) Notify the Authority, upon making initial application or within 14-days of the date of registration, of any new "trading as", "division of", or "doing business as" names utilized by the licensed ambulance service;
- (c) Transport only patients for which it has the resources to provide appropriate medical care and transportation unless in transfers between medical facilities, the sending or receiving facility has provided medically appropriate life support measures, personnel, and equipment to sustain the patient during the transfer; and
- (d) Document mutual aid agreements with other licensed ambulance service organizations that are necessary to respond in emergency situations.

(3) A licensed ambulance service may advertise only when the ambulance service and ambulance meet the requirements of ORS chapter 682 and these rules.

(a) If a licensed ambulance service does not provide the level of service advertised, the ambulance service license may be suspended or revoked, or a renewal application denied in accordance with OAR 333-250-0390 or 333-250-0400 for failure to comply.

(b) No licensed ambulance service shall advertise or promote the use of any telephone number other than "9-1-1" for emergency ambulance service.

(c) A licensed ambulance service which offers non-emergency service may advertise its non-emergency or business telephone number for other than emergency use, provided that in any print, audio or video advertising the phrase "FOR EMERGENCIES – CALL 9-1-1" is provided. When using the phrase "FOR EMERGENCIES – CALL 9-1-1" in print, it must be in bold-faced type at least one and one-half times the font size in which the non-emergency or business telephone number is displayed.

(d) Contents of ambulance service advertising must include:

- (A) The legal name of the ambulance service indicated on the license issued by the Authority;
- (B) If advertising 24-hours-a-day operation, the licensed ambulance service must provide uninterrupted service 24-hours-a-day, 7 days-a-week, 365 days-a-year; and
- (C) If the licensed ambulance service provides service for only a portion of a 24-hour day or week, any advertising must specify the hours and days of operation.
- (e) The licensed ambulance service must maintain copies of all print, audio, video, and all other types of advertisements for one year after use and distribution have ceased, and must make those copies available to the Authority upon request.
- (f) Novelty or promotional items which are not distributed to the general public do not meet the definition of

advertisement.

(4) A licensed ambulance service shall require each person staffing an ambulance or providing prehospital emergency or non-emergency care to display their level of licensure on the outermost garment of their usual work uniform at all times while staffing an ambulance or rendering patient care, and shall make reasonable efforts to display this information under other circumstances.

(5) If a licensed ambulance service accepts students for Paramedic internships from an accredited teaching institution, the licensed ambulance service must:

(a) Have a signed and dated contract with each teaching institution providing internship students; and

(b) Use qualified preceptors, as defined by OAR 333-264-0010, who will be assigned to supervise, document and evaluate the Paramedic interns.

(6) Any emergency medical services (EMS) related continuing education offered by the licensed ambulance service or designee must be documented in accordance with OAR 333-265-0140 sections (3) and (4) and provided to the employee or volunteer.

(7) All records relating to an ambulance service's operations must be retained by the licensee or the licensee's successors or assignees for not less than seven years from the date of implementation, purchase, dispatch, creation or longer if so required by law or regulation. The record keeping mechanism may be in any permanent form including paper or on magnetic media provided that the information can be made readily available for inspection by the Authority.

(8) If not the primary ambulance service area provider, a licensed ambulance service shall not provide ambulance services:

(a) Where the ambulance service is not properly dispatched through a Public Safety Answering Point (PSAP) or recognized dispatch center identified in the applicable ambulance service plan;

(b) With knowledge that another ambulance service has been notified to respond to a call;

(c) In violation of the county ambulance service plan;

(d) In violation of local protocols, procedures, or ordinances; or

(e) In a manner that interferes with the safe and effective operation of an EMS system.

(9) Section (8) of this rule shall not prevent a licensed ambulance service from providing interfacility ambulance transports when allowed under the ambulance service plan.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991, 820.330

AMEND: 333-250-0255

RULE TITLE: Facility

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0255

Clarifies that a soiled linen receptacle is only needed if soiled linens are to be kept at the ambulance service facility.

RULE TEXT:

- (1) A building used by the licensed ambulance service shall be kept clean, in good repair and free from fire and safety hazards.
- (2) A licensed ambulance service must provide:
  - (a) A facility or area for sleeping or resting for an employee or volunteer working a 24-hour shift;
  - (b) Adequate toilet, hand-washing and shower facilities with hot and cold running water, antiseptic soap and clean towels for hand and body drying. If the licensed ambulance service does not have shower facilities, the licensed ambulance service must have a signed agreement or contract with a medical facility or other entity to make available shower facilities to ambulance personnel for the purpose of showering after coming in contact with medical or other biohazardous waste;
  - (c) If soiled linens are to be kept at the building, a soiled linen receptacle must be kept in a separate area from clean linen in accordance with the Department of Consumer and Business Services, Oregon Occupational Safety and Health Division and other rules governing the handling of special medical wastes;
  - (d) Designated secure storage for all medications which are deteriorated, outdated, misbranded, adulterated or otherwise unfit for use;
  - (e) Designated storage for malfunctioning patient care equipment clearly marked "out-of-service" until the equipment has been repaired or replaced; and
  - (f) Secure storage for patient care equipment, supplies and medications, or alternatively, a signed agreement with a medical facility that the medical facility will provide the patient care equipment, supplies, and medications.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-250-0265

RULE TITLE: Policies and Procedures

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0265

Clarifies that policies and procedures must be written so they apply to the area of operation and an ambulance service must comply with work practice controls and training requirements required by the Department of Consumer and Business Services, Occupational Safety and Health Division. Updates rule number references and adds reference to new infection control requirement under OAR 333-255-0095 for ambulance vehicles. Requires an ambulance service to have a policy on quality assessment and performance improvement.

RULE TEXT:

- (1) A licensed ambulance service must have written policies and procedures applicable to the area of operation to carry out daily ambulance service operations including, but not limited to:
- (a) Work practice controls and training requirements for bloodborne pathogens and hazardous material as required by the Department of Consumer and Business Services, Oregon Occupational Safety and Health Division;
  - (b) Storage and security of medications including controlled substances if authorized by the emergency medical services (EMS) medical director as required by the Oregon Board of Pharmacy and the US Drug Enforcement Administration in accordance with OAR 333-250-0300;
  - (c) Identification, storage and security of all medications, fluids and controlled substances that are deteriorated, outdated, misbranded, adulterated or otherwise unfit for use that are readily identified as defective and stored in a separate location from usable products. Security procedures must be the same as for usable supplies;
  - (d) Destruction of outdated medications including controlled substances if authorized by the EMS medical director as required by the Oregon Board of Pharmacy and the US Drug Enforcement Administration;
  - (e) Identification and storage of malfunctioning patient care equipment clearly marked "out-of-service" to ensure that defective equipment will not be used, if applicable;
  - (f) Employee, volunteer or ambulance-based clinician notification requirements to the licensed ambulance service when an employee, volunteer or ambulance-based clinician is impaired by excessive fatigue, illness, injury or other factors that may reasonably be anticipated to constitute a threat to the health and safety of patients or the public;
  - (g) Reporting of suspected child abuse as required in ORS 419B.005 through 419B.050;
  - (h) Reporting of suspected elder abuse as required in ORS 124.050 through 124.095;
  - (i) Patient rights in accordance with OAR 333-250-0330;
  - (j) Providing secure transport for patients in custody in accordance with OAR chapter 309, division 033, if the licensed ambulance service has been authorized to perform this service;
  - (k) Operation of an ambulance for both emergency and non-emergency situations;
  - (l) Vehicle cleanliness standards including frequency of cleaning and cleaning required after each patient transport in accordance with OAR 333-255-0095;
  - (m) Removal of an ambulance from service when the mechanical condition of an ambulance is sufficiently unreliable so as to endanger or potentially endanger the health, safety, or welfare of a patient or crew member;
  - (n) Managing a mechanical breakdown including repairing or replacing a damaged tire or wheel when the ambulance is in operation;
  - (o) Actions necessary when an ambulance is involved in a collision, including the submission of a legible copy of the Driver and Motor Vehicles (DMV), Oregon Traffic Collision and Insurance Report to the Oregon Health Authority (Authority) within 10 business days of the collision;
  - (p) Release of continuing education records completed by an EMS provider or employee through the licensed ambulance service in a verifiable format to a requesting party within five business days of the request;
  - (q) A quality assessment and performance improvement process in accordance with the requirements under OAR 333-250-0320;

(r) Release and destruction of both paper and electronic patient care reports in accordance with OAR 333-250-0310; and

(s) If the agency sponsors an EMS provider seeking licensure as a Transitional Paramedic, requirements necessary for the agency to sponsor the Transitional Paramedic applicant including but not limited to:

(A) Providing the necessary information prescribed by the Authority and specified under OAR 333-265-0027 to the Transitional Paramedic applicant;

(B) Requiring a Transitional Paramedic to submit accurate, annual reports to the ambulance service on the status of meeting the requirement under OAR 333-265-0025(8)(a)(C);

(C) Requiring a Transitional Paramedic to notify the ambulance service of any request to the Authority seeking hardship status in accordance with OAR 333-265-0027 and the Authority's approval if applicable; and

(D) Steps that will be taken or resources given to ensure the success of a Transitional Paramedic in obtaining a Paramedic license.

(2) The licensed ambulance service must have a process in place to ensure that employees, volunteers, ambulanced-based clinicians, agents and EMS medical directors:

(a) Have access to current policies and procedures;

(b) Have access to state, federal and local rules and regulations governing the operation of a licensed ambulance service; and

(c) Are informed of changes to policies or procedures.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0270

RULE TITLE: Personnel

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0270

Rule was re-written to provide clearer language on requirements for qualified drivers and training requirements for personnel. Adds provision that an ambulance service must provide an overview of regulations pertaining to EMS providers and ambulance service agencies as part of an initial orientation program. Clarifies expectation that personnel are trained on how to properly lift and move a patient.

RULE TEXT:

- (1) The licensed ambulance service must ensure that the service, employees, volunteers, qualified drivers, ambulance-based clinicians, agents and emergency medical services (EMS) medical directors comply with all of the requirements of these rules, ORS chapter 682, ORS 820.300 through 820.380, OAR division 333, chapter 255, and other applicable federal, state and local laws and regulations governing the operation of a licensed ambulance service.
- (2) Prior to an employee, volunteer, qualified driver, or ambulance-based clinician staffing an ambulance, the licensed ambulance service shall:
  - (a) Provide and require the completion of an initial orientation program that includes but is not limited to:
    - (A) Ambulance service standing orders;
    - (B) Ambulance service policies and procedures;
    - (C) Driving and operating requirements for ambulance vehicles;
    - (D) Operations of equipment; and
    - (E) An overview of ORS chapter 682, OAR chapter 333, divisions 250 and 255 relating to ambulance services and vehicles, and OAR chapter 333, division 265 and OAR chapter 847, division 035 relating to EMS providers;
  - (b) Ensure the successful completion of the following:
    - (A) A training course that meets or exceeds the Basic Life Support (BLS) provider American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) guidelines (this course must include a practical skills evaluation);
    - (B) Air medical crew training in accordance with chapter 333, division 255 when operating an air ambulance;
    - (C) Training in the proper operation of all ambulances and equipment that they use or are authorized to use;
    - (D) Training in the proper use of any new equipment, procedure or medication prior to being placed into operation on an ambulance;
    - (E) Training on how to properly lift and move a patient;
    - (F) Training on the secure transportation of patients in custody in accordance with OAR chapter 309, division 033, if the licensed ambulance service performs or has been authorized to perform this service;
    - (G) Hepatitis B immunization series unless there is a signed statement of declination; and
    - (H) Tuberculosis screening; and
  - (c) At least every two years, obtain a signed attestation from a qualified driver or ambulance-based clinician that the qualified driver or ambulance-based clinician:
    - (A) Is free from any condition that would impair their ability to safely perform the functions of staffing or operating an ambulance; and
    - (B) Will not staff or operate an ambulance while impaired.
- (3) If a licensed ambulance service contracts with or employs an ambulance-based clinician for the purpose of providing advanced level care, the licensed ambulance service shall ensure that the ambulance-based clinician meets all of the training requirements in section (2) of this rule and have documentation that the clinician has completed the following:
  - (a) A current AHA, Advanced Cardiac Life Support course or equivalent and a current AHA, Pediatric Advanced Life Support course or equivalent; and either
  - (b) A current Prehospital Trauma Life Support course;

- (c) A current Basic Trauma Life Support course;
  - (d) A current Trauma Emergency Assessment Management (TEAM) course; or
  - (e) A Trauma Nurse Core Course (TNCC).
- (4) The TEAM and TNCC courses referenced in section (3) of this rule must include a supplemental prehospital rapid extrication training session.
- (5) In order to operate a ground ambulance vehicle, the licensed ambulance service must ensure the licensed ambulance service and its employees, volunteers, qualified drivers or ambulance-based clinicians:
- (a) Comply with all applicable Oregon Motor Vehicle Code statutes relating to motor vehicle and emergency vehicle operations and ORS 820.300 through 820.380;
  - (b) Complete an emergency vehicle operator's course of instruction prior to independently operating an ambulance vehicle. The course must meet or be equivalent to the National Safety Council for Emergency Vehicle Operators Course (EVOC 3) or National Fire Protection Agency (NFPA) Fire and Emergency Service Vehicle Operations Training standards;
  - (c) Have a valid driver's license; and
  - (d) Have a certified copy of driving records from the Oregon Driver and Motor Vehicle (DMV) Services Division, Automated Reporting Service (ARS) program or equivalent for each person that may drive an ambulance vehicle. If the driver has an out-of-state driver's license, the licensed ambulance service must obtain an equivalent certified copy driving record from that state if available, and if not available, conduct an annual driving record check. The latest copy must be kept in the driver's personnel file.
- (6) In addition to the requirements specified under sections (1), (2) and (5) of this rule, a qualified driver must:
- (a) Have a criminal background check conducted by the licensed ambulance service that determined the driver was suitable to operate a ground ambulance vehicle; or
  - (b) Have been certified by the Department of Public and Safety Standards and Training within the last 365 days.
- (7) A licensed ambulance service may not permit an employee, qualified driver, volunteer or ambulance-based clinician to operate an ambulance, equipment, or have contact with a patient if the employee, qualified driver, volunteer or ambulance-based clinician:
- (a) Is taking any medication that could impair safe operation and handling of the ambulance, equipment, or patient; or
  - (b) Has consumed any alcoholic beverages within the last eight hours.
- (8) In order to provide air ambulance service, the licensed ambulance service must ensure that the licensed ambulance service, employee, volunteer or ambulance-based clinician:
- (a) Comply with the Federal Aviation Regulation (FAR), 14 CFR Part 135; and
  - (b) Successfully complete the 2004 Association of Air Medical Services (AAMS) Guidelines or equivalent. There must also be an annual review of the Air Medical Crew course material, the length of which must be established by the EMS medical director.
- (9) The licensed ambulance service must submit a completed service reportable action form to the Oregon Health Authority (Authority), within 14 business days for any of the following actions:
- (a) Terminating or suspending an employee or volunteer for cause; and
  - (b) Disciplinary action taken by the licensed ambulance service or the EMS medical director for unprofessional conduct as defined in OAR 333-265-0000.
- (10) A licensed ambulance service that sponsors a Transitional Paramedic in accordance with OAR 333-250-0265(1)(s) must notify the Authority within 10 calendar days of the Paramedic's separation from employment or if the service otherwise elects to no longer sponsor the Paramedic.
- (11) A licensed ambulance service must reflect any change to staffing, including addition or separation of, in the electronic licensing management system roster, within 30 calendar days.
- (12) A licensed ambulance service must not schedule or allow an employee, volunteer or ambulance-based clinician to serve on an ambulance who is impaired by excessive fatigue, illness, injury or other factors that may reasonably be anticipated to constitute a threat to the health and safety of patients or the public.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0280

RULE TITLE: Personnel File Documentation

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0280

Clarifies that the ambulance service must also maintain documents for a qualified driver. Spells out acronyms. Clarifies that an ambulance service for purposes of health screenings may use evidence that the screenings had been completed previously. Clarifies that personnel documents for a qualified driver include a criminal background check conducted by the ambulance service or certification by the Department of Public and Safety Standards and Training within the last year.

RULE TEXT:

The licensed ambulance service must maintain a complete and current personnel file for each employee, volunteer, qualified driver, ambulance-based clinician, agent and emergency medical services (EMS) medical director including but not limited to, the following information:

- (1) Full name;
  - (2) Current home mailing address;
  - (3) Affiliation status, listed as either an employee full-time paid, employee part-time paid, contractor or volunteer;
  - (4) Verifiable written documentation that the employee, volunteer, qualified driver or ambulance-based clinician has completed required training including when and where training was obtained;
  - (5) Copies of:
    - (a) Any reportable action submitted in accordance with OAR 333-250-0270(9) regarding the individual;
    - (b) Applicable professional certificates or licenses;
    - (c) A current driver's license or other official government-issued identification;
    - (d) A current pilot's license if the employee or volunteer operates an air ambulance;
    - (e) A certified driving record in accordance with OAR 333-250-0270(5);
    - (f) A current Basic Life Support (BLS) Provider card or proof of course completion that meets or exceeds the American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) guidelines or equivalent (this course must include a practical skills evaluation);
    - (g) Training records that identify completion of an initial orientation program and training requirements specified in these rules;
    - (h) For an EMS provider licensed as a Transitional Paramedic, material required under OAR 333-265-0027(1)(d);
  - (i) Health records documenting:
    - (A) Initial tuberculosis (TB) screening or evidence that the screening had been completed previously, and any subsequent screenings in accordance with OAR 333-019-0041; and
    - (B) Hepatitis-B immunizations, a signed statement of declination, or evidence that the immunization series had been completed previously;
  - (j) Signed attestation as required under OAR 333-250-0270(2); and
  - (k) Signed confidentiality statement as required under OAR 333-250-0310(6).
- (6) For a qualified driver, a copy of:
- (a) Criminal background check conducted by the licensed ambulance service that determined the driver was suitable to operate a ground ambulance vehicle; or
  - (b) Certification by the Department of Public and Safety Standards and Training within the last 365 days.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0300

RULE TITLE: Emergency Medical Services (EMS) Medical Direction

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0300

Grammatical changes for clarity. Clarifies that an EMS Medical Director may designate additional physician(s) to provide medical direction as needed. Updates term "treatment protocol" with "standing order" and prescribes that standing orders must be reviewed annually and be signed and dated within one year.

RULE TEXT:

(1) A licensed ambulance service must have one emergency medical services (EMS) medical director responsible for the duties described in OAR 847-035-0025(1) and may have additional agents, as that term is defined under OAR 847-035-0001, as determined necessary.

(a) If the licensed ambulance service operates in non-contiguous counties, then the licensed ambulance service may have one EMS medical director in each non-contiguous county of operation.

(b) If a county or regional EMS system prescribes that an ambulance service agency must have a governmentally appointed EMS medical director, that agency may have a different EMS medical director in contiguous counties. A signed agreement or contract may be entered between the EMS medical director and the county or regional EMS system.

(2) The EMS medical director may delegate the duties described in OAR 847-035-0025(2) to one or more agents as defined in OAR 333-250-0205.

(3) A licensed ambulance service must ensure that the EMS medical director:

(a) Meets the requirements and duties as prescribed in OAR 847-035-0020 through 847-035-0030;

(b) Has a written set of standing orders applicable to the specific geographic region for each level of service offered by the licensed ambulance service. Standing orders must be reviewed annually, and signed and dated within one year; and

(c) Has a signed and dated agreement or contract with the licensed ambulance service.

(4) When an EMS medical director authorizes the administration of controlled substances, the EMS medical director must have on file with the licensed ambulance service:

(a) A US Drug Enforcement Administration License listing the name of the licensed ambulance service and address where the controlled substances are stored when not on an ambulance; and

(b) A signed and dated policy describing the type and amount of controlled substances stored on each ambulance and how controlled substances will be stored, accessed, recorded, administered, destroyed and secured. It is the responsibility of the EMS medical director to ensure that the procedure meets the minimum US Drug Enforcement Administration requirements.

(5) A licensed ambulance service shall ensure that:

(a) Controlled substances, when authorized by the EMS medical director, are stored, accessed, inventoried, administered, destroyed and secured in a manner consistent with the signed and dated procedure established by the EMS medical director. The procedure must be in accordance with the regulations promulgated by the US Drug Enforcement Administration .

(b) A copy of the EMS medical director's US Drug Enforcement Administration license is maintained in a secure manner, inaccessible to the public, at each fixed ambulance location where controlled substances are stored other than in the ambulance.

(c) Pharmacological and medical supplies with expiration dates affixed thereon by the manufacturer or packager are removed from service no later than the expiration date. Expired pharmacological and medical supplies must be disposed of in accordance with applicable laws and regulations.

(d) Medications and equipment are stored in a manner that protects viability and proper operation; and

(e) Ambulances available for or subject to a call are maintained to allow immediate starting of the engine and to prevent medications and medical supplies from becoming environmentally degraded.

(6) A licensed ambulance service must notify the Oregon Health Authority in writing of:

(a) Any denial, suspension, or voluntary surrender of an EMS medical director's or agent's medical license or US Drug Enforcement Administration license within 72 hours; and

(b) Any change in the EMS medical director or agents, 21 days prior to the change.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-250-0310

RULE TITLE: Patient Care Report

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0310

Minor correction spelling out acronym and updating rule number references. Removes reference to waivers for electronic patient care reports. Pursuant to SB 52 (2017 Oregon Laws, Chapter 229, Sections 6 and 7) waivers for electronic patient care reporting expired on December 31, 2021. Updates reference to ambulance service plan to align with OAR chapter 333, division 260. Clarifies necessary requirements for paper copies of patient care reports held by the ambulance service agency.

RULE TEXT:

(1) A licensed ambulance service must complete an electronic patient care report (ePCR) in each instance where patient contact is initiated. The ePCR shall include the data elements identified in section (4) of this rule.

(a) A complete ePCR shall be submitted to:

(A) Oregon Emergency Medical Services Information System (OREMSIS) within 24 hours of patient contact; and

(B) A hospital or facility receiving the patient within 24 hours of the patient being transported.

(b) Only one ePCR is required per patient contact. The licensed ambulance service agency or the non-transporting emergency medical services (EMS) agency providing patient care shall complete the ePCR.

(2) A non-transporting EMS agency that submits ePCR data to OREMSIS must comply with OAR 333-250-0315 and section (1), subsection (4)(a), sections (6) through (8) and section (10) of this rule.

(3) At the time a patient is transferred to a hospital or a receiving facility, the licensed ambulance service shall ensure that personnel relay pertinent patient care information to the hospital or receiving facility staff prior to leaving the hospital or receiving facility. Pertinent patient care information may be shared orally or in paper form. The hospital or receiving facility may request additional information.

(4) A licensed ambulance service must ensure that an ePCR contains:

(a) Data points as defined in the National Highway Transportation Safety Administration National EMS Information System (NEMSIS) data dictionary, using a version determined by the Oregon Health Authority (Authority); and

(b) For any patient meeting the criteria for trauma patient as defined in OAR 333-200-0010:

(A) The trauma band number; and

(B) Triage criteria as defined in OAR chapter 333, division 200, Exhibit 2.

(5) Notwithstanding the requirements in this rule, a completed ePCR is not required when:

(a) There is a disaster or a multiple patient incident consisting of more than five patients or the number of patients prescribed in the county's ambulance service plan, and which results in a single ambulance transporting two stretcher patients at the same time or when an ambulance is required to make more than one trip to and from the incident site.

(b) In the situation described in subsection (5)(a) of this rule, the following information is acceptable patient care documentation as allowed by the triage tag used by the licensed ambulance service:

(A) The trauma system identification bracelet number or other identifier if not a trauma;

(B) A record of the times and results of vital signs and list of injuries; and

(C) A record of the times and types of treatment given;

(c) Every reasonable attempt must be made by the ambulance personnel or ambulance-based clinicians to complete an approved ePCR for each patient at the conclusion of the incident. The following minimum information is required:

(A) The time the crew assumed care;

(B) The time the patient was dropped off at the hospital; and

(C) The triage tag number or other identifier.

(6) The licensed ambulance service must:

(a) Store non-electronic patient care reports and ePCRs in a secure manner, in accordance with state and federal privacy regulations;

- (b) Organize the patient care reports in a manner that will allow an authorized ambulance service representative to locate a patient care report within a reasonable amount of time, using the patient's name and the date and time of the ambulance call;
- (c) Establish a procedure for releasing a patient care report that complies with applicable confidentiality and security requirements;
- (d) Protect the confidentiality of patient information including during quality improvement sessions by limiting access to the patient care report. All persons having access to patient care reports must sign a confidentiality statement; and
- (e) Establish a procedure for the method and verification of the destruction of a patient care report which includes at a minimum:
  - (A) A patient's medical record or report not be destroyed for 10 years after the record or report is made, or longer if so required by law or regulation unless the patient is notified and destruction is otherwise permitted by law or regulation; and
  - (B) In the case of a minor patient, a medical record or report may not be destroyed until the patient attains the age of majority plus three years or for 10 years after the record or report is made, whichever is later, unless the parent or guardian of the minor patient is notified and destruction is otherwise permitted by law or regulation.
- (7) In accordance with paragraph (6)(e)(B) of this rule, the notification of a minor patient or the parent or guardian of the minor patient of the potential destruction of a patient care report must:
  - (a) Be made by first class mail to the last known address of the patient;
  - (b) Include the date on which the record of the patient shall be destroyed; and
  - (c) Include a statement that the record or synopsis of the record, if wanted, must be retrieved at a designated location within 30 days of the proposed date of destruction.
- (8) A patient care report is considered protected health information and may only be used or disclosed in accordance with state and federal privacy regulations.
- (9) A patient care report must be made available for review and duplication when requested by the Authority as authorized by ORS 41.675 and 41.685.
- (10) In accordance with policies adopted by the Authority, ePCR data may be made available upon approval by the Authority for the purposes of:
  - (a) Quality assurance;
  - (b) Quality improvement;
  - (c) Public health activities; or
  - (d) Research, if an institutional review board has approved the research in accordance with 45 CFR 46.
- (11) The Authority will provide information and technical assistance to licensed ambulance service agencies in reporting patient encounter data and interoperability.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068, 682.056

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0315

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

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0315

Minor correction spelling out acronyms and updating terms.

RULE TEXT:

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

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.056, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

# OAR 333-250-0315

## APPENDIX 1

### Patient Encounter Data Transferred to Oregon Trauma Registry

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

**OAR 333-250-0315**

**APPENDIX 2**

**Patient Outcome Data Transferred to Oregon Emergency Medical Services Information System**

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

AMEND: 333-250-0320

RULE TITLE: Quality Assessment and Performance Improvement

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0320

Replaces term "protocols" with "standing orders." Specifies that an ambulance service must implement a defined quarterly reporting process for performance improvement activities.

RULE TEXT:

(1) The licensed ambulance service shall establish and maintain an effective quality assessment and performance improvement program that is approved by the emergency medical services (EMS) medical director and ambulance service administrator and may include:

- (a) A method to monitor, evaluate and improve organizational efficiency and care delivery;
- (b) A method to select and track performance improvement indicators which may include, but are not limited to:
  - (A) Accurate patient assessment;
  - (B) Medical intervention delivered in accordance with established standing orders;
  - (C) Success of skills;
  - (D) Quality of clinical documentation; and
  - (E) Clinical outcome data; and
- (c) A process for investigating and addressing patient safety issues raised by means other than measured indicators.

(2) The ambulance service must implement a defined quarterly reporting process for performance improvement activities and issues including:

- (a) Documenting and reporting individual issues and clinical indicator results; and
  - (b) Documenting and reporting aggregate data of clinical indicators and other activities to staff.
- (3) To assist the licensed ambulance service and the EMS medical director in determining if appropriate and timely emergency medical care was rendered to a patient, the ambulance service designated official may request the following information from the receiving hospital as authorized by ORS 682.056:
- (a) Patient admit status and unit admitted to;
  - (b) Any procedure listed in the National Highway Transportation Safety Administration, National EMS Information System (NEMSIS) data dictionary, using a version determined by the Oregon Health Authority, and performed on the patient within the first hour of being admitted;
  - (c) Any medication administered to the patient within the first hour of being admitted; and
  - (d) Trauma system entry by emergency department staff.
- (4) Information provided under section (3) of this rule is considered confidential pursuant to ORS 682.056. Any employee or volunteer participating in a quality improvement session must have a signed confidentiality statement in their personnel file.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0330

RULE TITLE: Patient Rights for Emergency Medical Care and Transportation

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0330

Minor correction spelling out acronym.

RULE TEXT:

- (1) An ambulance service licensed by the Oregon Health Authority (Authority) shall maintain written policies and procedures regarding patient rights.
- (2) A statement of patient rights shall be distributed to each employee or volunteer and made available in the business office and in each satellite location.
- (3) The statement of patient rights shall include, but is not limited to, the following:
  - (a) Access to appropriate emergency medical care and transportation without regard to race, ethnicity, religion, age, gender, sexual orientation, or disability;
  - (b) Emergency medical services (EMS) providers will be considerate and respectful to all patients regardless of status;
  - (c) Opportunity to refuse any medical care or transportation to a medical facility when informed about the care to be provided and the risks associated with refusing medical care or transportation;
  - (d) Transportation to a clinically appropriate medical facility of the patient's choice without questioning ability to pay. The agency may elect to transport to a closer, appropriate medical facility if a patient's facility of choice:
    - (A) Is unreasonable due to unsafe conditions; or
    - (B) Requires an ambulance to be taken out of service for an unreasonable amount of time;
  - (e) When appropriate, opportunity to request private transport, for example from a friend or family member;
  - (f) Patient's health information will be protected in accordance with state and federal privacy laws;
  - (g) Opportunity to receive, upon request, medical information relating to the care or transport provided by EMS providers;
  - (h) Opportunity to receive, upon request, a reasonable explanation of any charges for emergency medical care provided by EMS providers or for ambulance services; and
  - (i) Information on how and where to file a complaint about the services performed is posted and available.
- (4) Notwithstanding subsection (3)(d) of this rule, a licensed ambulance service may transport a patient without consent if the patient is incapacitated or cannot make sound decisions based upon illness, injury or age.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.99

AMEND: 333-250-0340

RULE TITLE: Waiver or Variance from Standards

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0340

Minor corrections spelling out acronyms and updates reference to ambulance service plan to align with OAR chapter 333, division 260. Revises references to EMS Boards and Committees to align with HB 4081 (2024 Oregon Laws, Chapter 32).

RULE TEXT:

(1) As used in this rule:

(a) "Waiver" means the Oregon Health Authority (Authority) has excused compliance with a specific rule in writing.

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

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

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

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

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

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

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

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

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

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

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

(4) The request for a waiver or variance may be presented to the Emergency Medical Services Advisory Board at a regularly scheduled meeting. The emergency medical services (EMS) Director or EMS Deputy Director, after considering the Board's recommendation, when requested, may grant a waiver or variance in writing.

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068, 682.079

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-250-0350

RULE TITLE: Complaints

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0350

Minor correction spelling out acronym and updates statutory references.

RULE TEXT:

- (1) Any person may make a complaint verbally or in writing to the Oregon Health Authority (Authority) regarding an allegation against a licensed ambulance service of a violation of any licensing law.
- (2) The identity of a person making a complaint will be kept confidential as permitted by law.
- (3) An investigation will be carried out as soon as practicable after the receipt of the complaint in accordance with OAR 333-250-0360.
- (4) If the complaint involves an allegation of criminal conduct or an allegation that is within the jurisdiction of another local, state or federal agency, the Authority will refer the matter to that agency.
- (5) The Authority does not have jurisdiction over and shall not take action on complaints that relate solely to rates charged to a patient by a licensed ambulance service.

STATUTORY/OTHER AUTHORITY: ORS 682.017, ORS 682.068, ORS 676.175, ORS 676.177

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, ORS 682.991

AMEND: 333-250-0360

RULE TITLE: Investigations

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0360

Minor correction spelling out acronym and updates statutory references.

RULE TEXT:

- (1) As soon as practicable after receiving a complaint, taking into consideration the nature of the complaint, Oregon Health Authority (Authority) staff will begin an investigation.
- (2) An ambulance service shall permit Authority staff access to the service agency during an investigation. For purposes of an investigation, giving advanced notice to the licensed ambulance service is not required.
- (3) An investigation may include but is not limited to:
  - (a) Interviews of the complainant, patients of the ambulance service, patient family members, witnesses, ambulance service management and staff;
  - (b) On-site observations of staff performance and the physical environment of the ambulance service or ambulance; and
  - (c) Review of documents and records.
- (4) The Authority may make photographic, video-graphic or audio recording documentation as part of an investigation of non-compliance with ORS chapter 682 and these rules.
- (5) Information obtained by the Authority during an investigation of a complaint or reported violation under this rule is confidential and not subject to public disclosure under ORS 676.175. Upon the conclusion of the investigation, the Authority may publicly release a report of its findings but may not include information in the report that could be used to identify the complainant or any patient of the ambulance service. The Authority may use any information obtained during an investigation in an administrative or judicial proceeding concerning the licensing of an ambulance service, and may report information obtained during an investigation to a health professional regulatory board as defined in ORS 676.160 as that information pertains to a licensee of the board.

STATUTORY/OTHER AUTHORITY: ORS 682.017, ORS 682.068, ORS 676.160, ORS 676.175, ORS 676.177

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, ORS 682.991

AMEND: 333-250-0370

RULE TITLE: Surveys

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0370

Minor correction spelling out acronym and replacing reference to "manager" with "ambulance service administrator."

RULE TEXT:

- (1) In addition to any investigation conducted under OAR 333-250-0360, the Oregon Health Authority (Authority) may conduct a survey for the purpose of evaluating the eligibility of an ambulance service or an ambulance to receive or retain a license and to ensure the health, safety, and welfare of the persons who utilize ambulances.
- (2) An ambulance service that acquires and maintains current status with a nationally recognized emergency medical services (EMS) service accreditation program that meets or exceeds Oregon requirements may be exempted from the survey process. A copy of the survey report from the nationally recognized EMS service accreditation program must be filed with the Authority for approval.
- (3) Routine surveys of an ambulance service or an ambulance shall be scheduled with the management of the ambulance service at least 72 hours in advance of the survey unless otherwise mutually agreed upon by the Authority and the ambulance service representative.
- (4) In conducting a survey or interview, the Authority representative must:
  - (a) Identify themselves by presenting the Authority identification to the owner, ambulance service administrator, or ranking employee or volunteer present at the site of a survey or interview;
  - (b) Inform the ambulance service representative of the purpose for the survey or interview; and
  - (c) Inform the ambulance service representative when the survey or interview has been completed and the preliminary results of the survey only.
- (5) An ambulance service shall permit Authority staff access to the facility and ambulance vehicles during a survey.
- (6) A survey may include but is not limited to:
  - (a) Interviews of patients, patient family members, ambulance management and staff;
  - (b) On-site observations of staff performance and the physical environment of the ambulance facility or ambulance; and
  - (c) Review of documents and records.
- (7) An ambulance service shall make all requested documents and records available to the surveyor for review and copying.
- (8) The Authority may accept local city or county governing body inspections that meet or exceed requirements outlined in ORS chapter 682, OAR chapter 333, division 255 and these rules in lieu of a survey by the Authority.
- (9) Following the survey, Authority staff shall prepare and provide the ambulance service administrator or designee specific and timely written notice of the findings.
- (10) If the findings result in a referral to another regulatory agency, Authority staff shall submit applicable information to that referral agency for its review and determination of appropriate action.
- (11) If no deficiencies are found during a survey, the Authority shall issue written findings to the ambulance service administrator indicating that fact.
- (12) If deficiencies are found, the Authority shall take informal or formal enforcement action in accordance with OAR 333-250-0390 or 333-250-0400.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-250-0375

RULE TITLE: Responsibility to Notify the Oregon Health Authority of Changes

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Adopt 333-250-0375

New rule which requires an ambulance service agency to notify the Oregon Health Authority of specified changes within 30 calendar days.

RULE TEXT:

In a manner prescribed by the Oregon Health Authority (Authority), a licensed ambulance service must keep the Authority apprised of and report the following changes within 30 calendar days of the change:

- (1) Change of name;
- (2) Mailing address;
- (3) Street address of the principal place of business of the ambulance service;
- (4) Street address of all fixed locations where an ambulance is parked when not in operation;
- (5) Ambulance service administrator (name, electronic mail address, phone number);
- (6) Main contact electronic mail address;
- (7) Main contact phone number; and
- (8) Emergency medical services (EMS) provider affiliation.

STATUTORY/OTHER AUTHORITY: ORS 682.017, ORS 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, ORS 682.991

AMEND: 333-250-0380

RULE TITLE: Violations

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0380

Minor correction spelling out acronym. Updates reference to ambulance service plan to align with OAR chapter 333, division 260. Removes language considered duplicative or covered by other rules. Clarifies it's a violation not to comply with OAR chapter 333, divisions 250 and 255. Specifies that it is a violation to allow or permit a person without a health care license to provide emergency or non-emergency medical care for which a license is required.

RULE TEXT:

It is a violation to:

- (1) Refuse to cooperate with an investigation or survey, including but not limited to failure to permit Oregon Health Authority (Authority) staff access to the ambulance service, its documents or records;
- (2) Fail to implement a corrective action plan;
- (3) Refuse or fail to comply with an order issued by the Authority;
- (4) Refuse or fail to pay a civil penalty;
- (5) Be convicted of a crime, including Medicare or Medicaid fraud, relating adversely to the person's capability of owning or operating an ambulance service;
- (6) Make a material omission or misrepresentation of facts on an application for a license or variance, or in response to an inquiry or investigation. This includes fraud or deception in obtaining or attempting to obtain a license or variance or in any other transaction with the Authority;
- (7) Loan, borrow, or use the license of another, or knowingly aid or abet the improper granting of a license;
- (8) Deface, alter, remove or obliterate any portion of any official entry upon a license, licensing decal, or variance issued by the Authority;
- (9) Refuse to respond to or render prehospital emergency care because of a patient's race, ethnicity, religion, age, gender, sexual orientation, disability, medical problem or financial inability to pay;
- (10) Fail to report to the Authority any matter required by ORS 682.220(4) and OAR 333-265-0080;
- (11) Fail to protect health information from unlawful use or disclosure in accordance with state and federal privacy laws;
- (12) Alter or inappropriately destroy medical records;
- (13) Willfully prepare or file false reports or records, or induce another to do so;
- (14) Engage in any of the following:
  - (a) Incompetence, negligence or misconduct in operating the ambulance service or in providing emergency medical care and transportation to patients;
  - (b) Abuse or abandonment of patients;
  - (c) Failure to comply with the county ambulance service plan, area trauma plan, or other lawfully promulgated policies, plans, or procedures;
  - (d) Failure to meet response time standards as prescribed by the county ambulance service plan or if no ambulance service plan is in effect, the area trauma plan;
  - (e) Misuse or misappropriation of medications or medical materials; and
  - (f) Other conduct determined by the Authority to pose a significant threat to the health, safety and well-being of ambulance patients;
- (15) Fail to comply with any provision in OAR chapter 333, division 250 or division 255;
- (16) Operate without a license;
- (17) Unless exempt under ORS 682.035, allow or permit a person without a healthcare license to provide emergency or non-emergency medical care for which a license is required; or
- (18) During a Governor-declared emergency, failure to comply with an applicable provision of a Governor's Executive

Order or failing to comply with guidance issued by the Authority implementing an Executive Order.

Note: Copies of the Executive Orders are available at:

<https://www.oregon.gov/gov/admin/Pages/executive-orders.aspx>

Copies of Oregon Health Authority Guidance are available at:

<https://govstatus.egov.com/OR-OHA-COVID-19>

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-250-0390

RULE TITLE: Informal Enforcement

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0390

Minor grammatical corrections including spelling out acronym. Specifies that an ambulance service agency may be subject to enforcement provisions if it fails to comply with the ambulance vehicle rules (OAR chapter 333, division 255) and regulations.

RULE TEXT:

- (1) If during an investigation or survey Oregon Health Authority (Authority) staff document violations of these rules, OAR 847-035-0020 and 0025, ORS chapter 682, ORS 820.300 through 820.380, or the agency maintains an ambulance vehicle that fails to satisfy OAR chapter 333, division 255, the Authority may issue a statement of deficiencies that cites the law or rule alleged to have been violated and the facts supporting the allegation. The Authority may share the statement of deficiencies with the applicable emergency medical services (EMS) medical director, local government, or county ambulance service plan administrator.
- (2) Upon receipt of a statement of deficiencies, an ambulance service licensee shall be provided an opportunity to dispute the Authority's survey findings but must still comply with sections (3) and (4) of this rule.
  - (a) If an ambulance service licensee desires an informal conference to dispute the Authority's survey findings, the ambulance service licensee shall advise the Authority in writing within three business days after receipt of the statement of deficiencies. The written request must include a detailed explanation of why the agency believes the statement of deficiencies is incorrect.
  - (b) An ambulance service licensee may not seek a delay of any enforcement action against it on the grounds the informal dispute resolution has not been completed.
  - (c) If an ambulance service licensee is successful in demonstrating the deficiencies should not have been cited, the Authority shall reissue the statement of deficiencies, removing such deficiencies and rescinding or modifying any remedies issued for such deficiencies. The reissued statement of deficiencies shall state that it supersedes the previous statement of deficiencies and shall clearly identify the date of the superseded statement of deficiencies.
- (3) Depending on the nature and severity of the deficiency, a signed corrective action plan must be mailed to the Authority within a minimum of 24 hours or maximum of 30 business days, as specified by the Authority, from the date the statement of deficiencies was received by the ambulance service licensee. A signed corrective action plan will not be used by the Authority as an admission of the violations alleged in the statement of deficiencies.
- (4) An ambulance service licensee shall correct all deficiencies by the date identified by the Authority, unless an extension of time is requested from the ambulance service licensee. A request for such an extension shall be submitted in writing and must accompany the corrective action plan.
- (5) The Authority shall determine if a written corrective action plan is acceptable. If the corrective action plan is not acceptable to the Authority, the Authority shall notify the ambulance service licensee in writing:
  - (a) Identifying which provisions in the plan the Authority finds unacceptable;
  - (b) Citing the reasons the Authority finds the provisions unacceptable; and
  - (c) Requesting that the corrective action plan be modified and resubmitted no later than 14 business days from the date notification of non-compliance was received by the ambulance service licensee.
- (6) Failure to respond to the Authority or if the ambulance service licensee does not come into compliance by the date specified by the Authority, the Authority may:
  - (a) Propose to deny, suspend, or revoke the agency license;
  - (b) Place the ambulance service on probation; or
  - (c) Impose civil penalties.
- (7) The Authority shall confirm by survey or other appropriate means that all deficiencies have been corrected.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-250-0400

RULE TITLE: Formal Enforcement

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-250-0400

Minor grammatical corrections including spelling out acronym. Specifies that an ambulance service agency may be subject to enforcement provisions if it fails to comply with the ambulance vehicle rules (OAR chapter 333, division 255) and regulations.

RULE TEXT:

- (1) If during an investigation or survey, Oregon Health Authority (Authority) staff document a substantial failure to comply with these rules, OAR 847-035-0020 and 0025, ORS chapter 682, ORS 820.300 through 820.380, or the agency maintains an ambulance vehicle that fails to satisfy OAR chapter 333, division 255, or if an agency fails to pay a civil penalty imposed under ORS 682.224 or these rules, the Authority may suspend, revoke or deny a license in accordance with ORS 183.411 through 183.470.
- (2) If during an investigation or survey, Authority staff document that an ambulance manifests evidence of a mechanical or equipment deficiency, which poses a significant threat to the health or safety of patients or crew, the Authority shall immediately suspend that ambulance from operation. No ambulance that has been suspended from operation may be operated until the ambulance service licensee has certified, and the Authority has confirmed, that all of the violations have been corrected.
- (3) In the event that a license is suspended or revoked, the ambulance service licensee must cease ambulance service operations and no person except the Authority may permit or cause the service to continue.
- (4) The Authority shall notify applicable local government, county ambulance service plan administrator, and the emergency medical services (EMS) medical director of the ambulance service of the suspension or revocation of an ambulance service license, or the placing of a service on probation.
- (5) If an ambulance service licensee has had its ambulance service license revoked, following the opportunity for a hearing as provided by ORS chapter 183, that person may not be eligible to apply for or hold an ambulance service license for a period of two years from the date of revocation as specified in ORS chapter 682.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0000

RULE TITLE: Definitions

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0000

Updates definitions to align with statute and adds new definitions for clarification. Minor grammatical changes. Spells out definitions versus referring to other rules for user ease.

RULE TEXT:

- (1) "Advanced Emergency Medical Technician (AEMT or Advanced EMT)" means a person who is licensed by the Oregon Health Authority as an Advanced Emergency Medical Technician.
- (2) "Agent" has the meaning given that term in OAR 847-035-0001.
- (3) "Ambulance" or "Ambulance vehicle" means a privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.
- (4) "Ambulance-based clinician":
  - (a) Means a registered nurse, physician, or physician associate who:
    - (A) Has an active license in Oregon and is in good standing with the Oregon Board of Nursing or the Oregon Medical Board; and
    - (B) Staffs an ambulance for a licensed ambulance service.
  - (b) Includes an EMS medical director or agent that staffs an ambulance.
- (5) "Ambulance service" means a person, governmental unit, or other entity that operates ambulance(s) and that holds itself out as providing prehospital care or medical transportation to persons who are ill or injured or who have disabilities.
- (6) "Ambulance service administrator" means an individual responsible for the professional, supervisory and administrative work in the operation of the ambulance service and its staff.
- (7) "Ambulance service area (ASA)" means a geographic area served by one ambulance service provider, and may include all or portion of a county, or all or portions of two or more contiguous counties.
- (8) "Ambulance service license" means the documents issued by the Authority to the owner of an ambulance service licensee when the service is found to be in compliance with ORS chapter 682; OAR chapter 333, division 250 and these rules.
- (9) "Ambulance service licensee" means the person or owner as defined under this rule, to whom the ambulance service license is issued.
- (10) "Ambulance service plan" has the meaning given that term in OAR 333-260-0010.
- (11) "Ambulance service plan administrator" means an individual responsible for overseeing the development, implementation, and maintenance of an ambulance service plan.
- (12) "Ambulance service provider" means an ambulance service licensed under these rules that responds to 9-1-1 dispatched calls or provides prearranged non-emergency transfers or emergency or non-emergency interfacility transfers.
- (13) "Authority" means the Emergency Medical Services and Trauma Systems Program, within the Oregon Health Authority.
- (14) "Business day" means Monday through Friday when the Authority is open for business, excluding holidays.
- (15) "County governing body" means a Board of County Commissioners or a County Court.
- (16) "Electronic patient care report (ePCR)" means an electronic field data format that is completed by an EMS provider or ambulance-based clinician for all patients receiving prehospital assessment, care or transportation to a medical facility.
- (17) "Emergency care" means the performance of acts or procedures under emergency conditions in the observation, care and counsel of persons who are ill, or injured or who have disabilities; in the administration of care or medications

prescribed by a licensed physician or naturopathic physician, insofar as any of these acts is based upon knowledge and application of the principles of biological, physical and social science as required by a completed course utilizing an approved curriculum in prehospital emergency care. "Emergency care" does not include acts of medical diagnosis or prescription of therapeutic or corrective measures.

(18) "EMS" means emergency medical services.

(19) "EMS medical director" has the same meaning as "supervising physician" in OAR 847-035-0001.

(20) "Emergency Medical Responder (EMR)" means a person who is licensed by the Authority as an Emergency Medical Responder.

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

(22) "Emergency Medical Technician (EMT)" means a person who is licensed by the Authority as an Emergency Medical Technician.

(23) "EMT-Intermediate" means a person who is licensed by the Authority as an EMT-Intermediate.

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

(25) "Governmental unit" means the state or any county, municipality or other political subdivision or any department, board or other agency of any of them.

(26) "In operation" means the time beginning with the initial response of the ambulance and ending when the ambulance is available to respond to another request for service. An ambulance that transports a patient becomes available to respond when the care of the patient has been transferred.

(27) "Neonate to adult" means appropriately sized equipment to fit neonate, infant, pediatric, and adult patients.

(28) "Non-emergency care" means the performance of acts or procedures on a patient who is not expected to die, become permanently disabled or suffer permanent harm within the next 24-hours, including but not limited to observation, care and counsel of a patient and the administration of medications prescribed by a physician licensed under ORS chapter 677, or naturopathic physician licensed under ORS chapter 685 insofar as any of those acts are based upon knowledge and application of the principles of biological, physical and social science and are performed in accordance with scope of practice rules adopted by the Oregon Medical Board or Oregon Board of Naturopathic Medicine in the course of providing prehospital care as defined in this rule.

(29) "Owner" means the person or governmental unit having all the incidents of ownership in an ambulance service or an ambulance vehicle or, where the incidents of ownership are in different persons, the person, other than a security interest holder or lessor, entitled to the possession of an ambulance vehicle or operation of an ambulance service under a security agreement or a lease for a term of 10 or more successive days.

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

(31) "Patient" means a person who is ill or injured or who has a disability and who receives emergency or nonemergency care from an EMS provider.

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

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

(34) "Physician Associate (PA)" means a person licensed under ORS chapter 677, actively registered and in good standing with the Oregon Medical Board.

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

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

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

(38) "Registered Nurse (RN)" means a person licensed under ORS chapter 678, actively registered and in good standing

with the Oregon Board of Nursing.

(39) "Remount" means an existing patient compartment module that has been installed on a replacement chassis, other than the original production chassis as provided as new by the original Final Stage Ambulance Manufacturer (FSAM).

(40) "Rural ambulance service" means ambulance service located in an area where all geographic areas are 10 or more miles from the centroid of a population center of 40,000 or more.

(41) "Sanitary" means being free from all body fluids, dirt, dust, grease or other extraneous matter.

(42) "Scope of practice" means the maximum level of emergency or non-emergency care that an EMS provider may provide in accordance with OAR chapter 847, division 35.

(43) "Specialty care transport (SCT)" means interfacility transportation of a critically injured or ill patient by a ground ambulance vehicle, including medically necessary supplies and service. SCT is necessary when a patient's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, or cardiovascular care, or a Paramedic with additional specialized training. Any skill or medication in addition to or not found in the National Education Standards for Paramedics would be defined as additional training and is defined by the EMS medical director.

(44) "Standing orders" means the written detailed procedures for medical or trauma emergencies and nonemergency care to be performed by an EMS provider issued by an EMS medical director in conformance with the scope of practice and level of licensure of the EMS provider.

(45) "These rules" means OAR 333-255-0000 through 333-255-0125.

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

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

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0010

RULE TITLE: Application and Qualification for an Ambulance Vehicle License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0010

Adds applicable statutory references. Grammatical corrections including spelling out acronym. Adds requirement that a copy of the Department of Motor Vehicle registration for the ambulance vehicle must accompany the application for licensure. Clarifies that the licensed ambulance vehicle and the ambulance service operating the vehicle must continue to comply with all rules and regulations for the duration of the license to qualify for renewal.

RULE TEXT:

- (1) In accordance with ORS 682.045, in order for an ambulance service to operate an ambulance vehicle, each ambulance vehicle must be licensed by the Oregon Health Authority (Authority) and comply with ORS chapter 682; OAR chapter 333, division 250; and these rules.
- (2) An ambulance service applying for an ambulance vehicle license must:
- (a) Have a current ambulance service license; and
  - (b) Comply with all applicable federal, state and local laws, ordinances and regulations governing the operation of a licensed ambulance vehicle.
- (3) An application to license a ground ambulance shall be submitted electronically in a manner prescribed by the Authority and shall include, but is not limited to, the following information:
- (a) The name and address of the person or public entity owning the ground ambulance;
  - (b) If other than the applicant's true name, the name under which the applicant is doing business;
  - (c) The description of the ground ambulance including:
    - (A) Whether the ground ambulance was purchased from an ambulance service in Oregon;
    - (B) Make of vehicle;
    - (C) Model type of vehicle;
    - (D) Year of manufacture;
    - (E) Whether the vehicle is a remounted chassis;
    - (F) Conversion manufacturer;
    - (G) Vehicle Identification Number;
    - (H) Vehicle license plate number;
    - (I) Mileage at the time of licensing;
    - (J) Ground ambulance colors:
      - (i) Body;
      - (ii) Stripe; and
      - (iii) Lettering; and
    - (K) Insignia name, monogram or other distinguishing characteristics. A photo of the ground ambulance shall be submitted to show these characteristics;
  - (d) A copy of the final stage ambulance manufacturer (FSAM) authenticated certification and label identifying that the ambulance and equipment comply with construction criteria specified in OAR 333-255-0060; and
  - (e) A copy of the valid Department of Motor Vehicle registration.
- (4) An application to operate an air ambulance shall be submitted electronically in a manner prescribed by the Authority and shall include, but not be limited to, the following:
- (a) The name and address of the person or public entity owning the aircraft;
  - (b) If other than the applicant's true name, the name under which the applicant is doing business;
  - (c) The description of the ambulance:
    - (A) Indication if the aircraft was purchased from an ambulance service in Oregon;

- (B) Type of aircraft:
    - (i) Fixed-wing; or
    - (ii) Rotary-wing.
  - (C) Number of engines;
  - (D) Make of aircraft;
  - (E) Model of aircraft;
  - (F) Year of manufacture;
  - (G) Federal Aviation Authority (FAA) registration number;
  - (H) Whether a major repair or alteration has been made to the aircraft, and if so, a FAA Form 337 must be on file in the licensee's office for each repair or alteration made;
  - (I) Aircraft colors:
    - (i) Fuselage;
    - (ii) Stripe; and
    - (iii) Lettering.
  - (J) Insigne name, monogram or other distinguishing characteristics. A photo of the air ambulance shall be submitted to show these characteristics.
- (5) A complete application to operate a ground ambulance or air ambulance shall be accompanied by a nonrefundable licensing fee in accordance with ORS 682.047.
- (6) A licensed ambulance vehicle and the licensed ambulance service operating the vehicle must continue to comply with all of the requirements and qualifications in this rule for the duration of the vehicle license and to qualify for renewal.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0015

RULE TITLE: Review of Ambulance Vehicle License Application

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0015

Minor correction spelling out acronym. Specifies that the Oregon Health Authority may deny an ambulance vehicle license application for failing to comply with all specified regulations and rules.

RULE TEXT:

(1) In reviewing a complete application for an ambulance vehicle license, the Oregon Health Authority (Authority):

(a) Shall verify compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; OAR 847-035-0020 through 0030 and these rules; and

(b) May conduct an on-site licensing survey in accordance with OAR 333-255-0110.

(2) The Authority may deny an application for an ambulance vehicle license for failure to comply with section (1)(a) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0020

RULE TITLE: Approval of Ambulance Vehicle License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0020

Grammatical corrections including spelling out acronym. Updates the term "owner" to "ambulance service licensee" and updates rule references.

RULE TEXT:

- (1) The Oregon Health Authority (Authority) shall issue an ambulance vehicle license to a licensed ambulance service that:
  - (a) Submits a completed application as described in OAR 333-255-0010;
  - (b) Submits the nonrefundable ambulance vehicle license fee as specified in ORS 682.047;
  - (c) Successfully completes the survey requirements as described in OAR 333-255-0110; and
  - (d) Is found by the Authority to be in compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; and these rules.
- (2) The Authority shall issue an ambulance vehicle license for the specified ambulance within 10 business days and shall notify the applicant in writing and make the license available.
- (3) An ambulance vehicle license must be conspicuously displayed in the operator or patient compartment of the ambulance vehicle, or as otherwise directed by the Authority.
- (4) An ambulance vehicle license shall be issued only to the ambulance service licensee and shall not be transferrable to any other person, governmental unit, ambulance service, or ambulance vehicle.
- (5) Except when specifically exempted by ORS 682.035 and OAR 333-250-0220(4), an out-of-state licensed ambulance vehicle that operates in Oregon must be licensed by the Authority:
  - (a) An ambulance vehicle license shall be granted when the vehicle is currently licensed in another state, the standards of which meet or exceed those of Oregon; and
  - (b) The ambulance service licensee applying for an ambulance vehicle license submits to the Authority:
    - (A) A completed Oregon ambulance vehicle license application;
    - (B) A non-refundable ambulance vehicle licensing fee as specified in ORS 682.047; and
    - (C) A copy of the current home-state ambulance vehicle license.
- (6) An ambulance vehicle license shall be issued to the ambulance service licensee for a vehicle used as a reserve, so long as the vehicle meets all construction and mechanical requirements at the time of manufacture. A reserve ambulance must meet the requirements under OAR 333-255-0065.
- (7) When an ambulance vehicle is found to be in non-compliance with ORS chapter 682; ORS 820.300 through 820.380; OAR chapter 333, division 250; or these rules, the Authority may deny, suspend or revoke the ambulance vehicle license in accordance with OAR 333-255-0120 or OAR 333-255-0125.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-255-0021

RULE TITLE: Denial of Ambulance Vehicle License Application

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0021

Minor change spelling out acronym. Specifies that the Oregon Health Authority may deny a license application for an ambulance vehicle if the vehicle does not meet the specified standards. Adds a legacy clause for ambulance vehicles that are currently licensed and when an ambulance service timely renews the vehicle license.

RULE TEXT:

(1) If the Oregon Health Authority intends to deny an ambulance vehicle license application, it shall issue a Notice of Proposed Denial of License Application in accordance with ORS chapter 183.

(2) The Authority shall deny an application for licensing of an ambulance vehicle that does not meet the standards in these rules except as permitted by OAR 333-255-0060(2) or (8).

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0022

RULE TITLE: Expiration and Renewal of Ambulance Vehicle License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0022

Clarifies the renewal license process for ambulance vehicles and specifies that if an ambulance service does not timely renew the ambulance vehicle license, the vehicle is no longer eligible for license renewal nor would qualify under a legacy exception. An ambulance service agency would be required to submit a new, initial ambulance vehicle application and the vehicle would need to meet construction criteria specified in rule to be eligible for licensure.

RULE TEXT:

(1) Each license to operate an ambulance vehicle:

(a) Shall be valid until June 30 of each year, unless sooner revoked or suspended. The initial licensing period may not exceed 15 months; and

(b) Shall expire on June 30 of the following year, if a license is applied for and issued between April 1 and June 30.

(2) If a vehicle license renewal is desired, the licensed ambulance service shall make application in accordance with OAR 333-255-0010 and pay the appropriate fee at least 30 days prior to the expiration date.

(3) An ambulance service that fails to timely renew in accordance with section (2) of this rule is no longer eligible for license renewal.

(a) The ambulance service must submit an initial application in accordance with OAR 333-255-0010.

(b) The ambulance vehicle will be subject to the construction criteria under OAR 333-255-0060 and is not eligible for the legacy exception under OAR 333-255-0060(2).

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0023

RULE TITLE: Return of Ambulance Vehicle License

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0023

Minor change spelling out acronym

RULE TEXT:

If an ambulance vehicle license is suspended, revoked, or expires, the ambulance service administrator shall submit a statement to the Oregon Health Authority acknowledging that the license certificate and any applicable license decals have been removed and destroyed.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0040

RULE TITLE: Surrender of License for Ambulance Vehicle

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0040

Grammatical corrections including spelling out acronym and updates the term "owner" to "ambulance service licensee."

RULE TEXT:

(1) An ambulance vehicle license is non-transferable.

(2) When an ambulance service licensee sells, trades, or donates an ambulance vehicle, the licensed ambulance service must, within 10 calendar days:

(a) Notify the Oregon Health Authority (Authority) of the transaction by providing the date that the sale was completed and the full name and address of the purchaser of the ambulance vehicle; and

(b) Submit a statement signed by the ambulance service administrator acknowledging that all applicable ambulance vehicle licenses have been removed and destroyed.

(3) An ambulance service licensee that sells or closes the ambulance service must comply with OAR 333-250-0240.

Within 10 calendar days of final closing of the ambulance service, the ambulance service licensee shall submit a statement in accordance with subsection (2)(b) of this rule.

(4) When an ambulance vehicle is decommissioned and not sold to another licensed ambulance service, the ambulance service licensee shall:

(a) Remove and destroy any ambulance license decals and emblems or markings defined in OAR 333-255-0060 identifying the vehicle as an ambulance; and

(b) Submit to the Authority within 30 calendar days from the date the vehicle was decommissioned, a statement signed by the ambulance service administrator acknowledging that all decals, emblems and markings identified in subsection (4)(a) of this rule have been removed and destroyed.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0060

RULE TITLE: Ground Ambulance Vehicle Construction Criteria for Licensure

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0060

Grammatical corrections for legibility. Clarifies construction standards necessary to license an ambulance vehicle given on-going misinterpretation. Provides a legacy exception for currently licensed ambulance vehicles when an ambulance service timely renews and has continued to comply with standards at the time of construction or when the vehicle was remounted. Clarifies that a ground ambulance vehicle must be certified by the manufacturer as meeting the construction criteria in place at time of construction and specifies by date the standards for license eligibility. An ambulance constructed under the KKK-A-1822D standard from 1994 is no longer eligible for licensure. Adds reference to revised Commission on Accreditation Ambulance Services (CAAS) standards dated July 1, 2022, and revised National Fire Protection Association (NFPA) standards, 2024 edition. Clarifies that a remount on an ambulance vehicle must be conducted by an entity that is registered with the National Highway Transportation Safety Administration (NHTSA) and must meet requirements of the Federal Motor Vehicle Safety Standards (FMVSS). Specifies that an 'in-house remount program' must be registered with CAAS in order to remount an ambulance vehicle. Clarifies that the Oregon Health Authority may approve an application for a vehicle that was remounted between June 1, 2002 and June 30, 2022 if certain criteria are met. Specifies that the ambulance service must maintain documentation confirming the construction standards and compliance with the rule. Clarifies that the Oregon Health Authority may review exceptions to construction standards at each renewal cycle to determine whether patient or EMS provider safety is jeopardized.

RULE TEXT:

- (1) As used in this rule "ground ambulance vehicle" means a ground ambulance vehicle constructed by an ambulance vehicle manufacturer that is not a remount.
- (2)(a) An ambulance service seeking to timely renew a current ambulance vehicle license is not subject to the requirements of section (3) and (8) of this rule.
- (b) To qualify for renewal, a currently licensed ambulance vehicle must continue to comply with the standards in place at the time of its construction or at the time the vehicle was remounted.
- (3) A ground ambulance vehicle must be:
  - (a) Certified by the manufacturer as meeting the construction criteria in place at the time of the vehicle's construction; and
  - (b) Constructed under and meet one of the following criteria:
    - (A) For ground ambulance vehicles constructed between June 1, 2002 and July 31, 2007, the U.S. General Services Administration (GSA), June 1, 2002, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822E);
    - (B) For ground ambulance vehicles constructed between August 1, 2007 and June 30, 2016, the U.S. General Services Administration (GSA), August 1, 2007, Federal Specification for the Star-of-Life Ambulance Certification standards (KKK-A-1822F);
    - (C) For ground ambulance vehicles constructed between July 1, 2016 and June 30, 2022:
      - (i) The Commission on Accreditation of Ambulance Services (CAAS), Ground Vehicle Standard (GVS) for Ambulances, v.1.0 Edition, July 1, 2016, or v.2.0 Edition, July 1, 2019; or
      - (ii) The National Fire Protection Association (NFPA), Standard for Automotive Ambulances, NFPA 1917, 2016 Edition or 2019 Edition;
    - (D) For ground ambulance vehicles constructed on or after July 1, 2022:
      - (i) The CAAS, GVS, v.2.0 Edition, July 1, 2019 or v. 3.0 Edition, July 1, 2022; or
      - (ii) The NFPA, Standard for Automotive Ambulances, NFPA 1917, 2019 Edition, or the NFPA, Standard for Aircraft Rescue and Firefighting Vehicles, Automotive Fire Apparatus, Wildland Fire Apparatus, and Automotive Ambulances, NFPA 1900, 2024 Edition.

- (4) A licensed ambulance service must have a ground ambulance vehicle that meets the construction standards specified in paragraph (3)(b)(A) of this rule inspected by an Emergency Vehicle Technician (EVT) certified by the EVT Certification Commission as an ambulance technician. The licensed ambulance service must obtain documentation from the EVT that the ambulance is in good operating condition and meets minimum safety requirements.
- (5) A licensed ambulance service that remounts a licensed ground ambulance vehicle must apply for a new ambulance vehicle license prior to operating the remounted vehicle.
- (6)(a) An ambulance manufacturer, a vehicle modifier, a remount center, or ambulance service agency with an established in-house remount program must be registered with the National Highway Transportation Safety Administration (NHTSA) and meet the requirements of the Federal Motor Vehicle Safety Standards.
- (b) The Oregon Health Authority (Authority) may require any organization identified in subsection (6)(a) of this rule completing a remount to provide a notarized statement that the structural integrity of the specific patient compartment was not compromised during the remounting and must provide a Final Stage Vehicle Manufacturing Certificate of Compliance.
- (7)(a) A licensed ambulance service may establish an in-house remount program by obtaining the necessary training, appropriate equipment, facilities, and registration with NHTSA to remount a vehicle to the described standard.
- (b) An in-house remount program must be registered with the CAAS in order to remount a ground ambulance vehicle in accordance with the CAAS remount standards.
- (8)(a) The Authority shall only approve an application for a remounted ground ambulance vehicle if the remounted ground ambulance vehicle complies with:
- (A) CAAS, GVS, v.2.0 Edition, Section F, dated July 1, 2019, incorporated by reference;
  - (B) CAAS, GVS, v.3.0 Edition, Section F, dated July 1, 2022, incorporated by reference;
  - (C) NFPA 1917, 2019 Edition, Chapter 10, incorporated by reference; or
  - (D) NFPA 1900, 2024 Edition, Chapter 34, incorporated by reference.
- (b) The remounted ground ambulance vehicle shall show evidence of the CAAS GVS remount standard compliance sticker, or the NFPA 1917 or NFPA 1900 certification and payload. Documentation showing that the NFPA 1917 or NFPA 1900 remount standards have been met may be substituted for the NFPA 1917 or NFPA 1900 certification and payload.
- (c) The licensed ambulance service shall maintain appropriate documentation confirming compliance with the applicable remount standard specified in this rule.
- (9) The Authority may approve an application for a remounted ambulance vehicle that does not meet the requirements under subsection (8)(a) of this rule if:
- (a) The vehicle was remounted between June 1, 2002 and June 30, 2022;
  - (b) The patient care compartment was originally manufactured on or after November 1, 1994, and there is documentation that supports that the patient compartment was manufactured on or after November 1, 1994; and
  - (c) The vehicle is inspected by a certified EVT who provides the ambulance service agency with documentation that the ambulance is in good operating condition and meets minimum safety requirements.
- (d) The licensed ambulance service that obtains a license for an ambulance vehicle under this rule shall maintain appropriate documentation confirming compliance with this rule.
- (10)(a) The Authority may license a ground ambulance vehicle that is constructed with an exception(s) to the standards in section (3) of this rule or license a ground ambulance vehicle that has been remounted with an exception(s) to the standards in section (8) of this rule if the Authority determines that the exception(s) to the construction standards do not affect patient or emergency medical services (EMS) provider safety.
- (b) The Authority may review exceptions to construction standards at each renewal cycle to determine whether patient or EMS provider safety is jeopardized.
- (11) A ground ambulance vehicle must have an exterior color, emblems, and markings that ensure the prompt recognition of that vehicle as an ambulance. All ground ambulance vehicles must be clearly identified by appropriate emblems and markings on the front, side, roof, and rear of the vehicle.

(12) Each licensed ground ambulance vehicle shall display the following emblems and terms in the location(s) specified:

(a) "Star-of-Life" emblem: Shall comply with the specifications adopted by the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA).

(A) Sides — a 12 to 16-inch emblem must be located on the left and right side-panels; and

(B) Roof — a 32-inch emblem must be located on the roof.

(b) The word "AMBULANCE":

(A) Front — centered, in block letters, not less than four inches high, must be in mirror image and centered above the grille; and

(B) Rear — in block letters of not less than six inches in height and centered on the rear door panels or an approved alternative.

(C) Acceptable alternatives for the word "AMBULANCE" include generic terms that do not connote any particular level of service, limited to "MEDIC UNIT," "FIRE MEDIC UNIT," "EMERGENCY MEDICAL SERVICES," or "EMS UNIT".

(c) Service name or logo that matches the service name on the application must be visible on the vehicle exterior in a location that does not interfere with the term "AMBULANCE" or the "Star-of-Life" emblem;

(13) A licensed ground ambulance vehicle may not display on its exterior any level of service which is not provided at all times when that ground ambulance vehicle is in operation.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0065

RULE TITLE: Ambulance Reserve Vehicles and Ambulance Vehicles for Loan

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0065

Minor change spelling out acronym. Clarifies that a reserve ambulance vehicle must continue to meet requirements specified in rule. Updates terms.

RULE TEXT:

- (1) A licensed ambulance vehicle may be placed in reserve by a licensed ambulance service. A licensed ambulance vehicle placed in reserve must meet and continue to meet while licensed the requirements of Oregon Administrative Rules, chapter 333, division 255 except OAR 333-255-0072.
- (2) Prior to placing a reserve ambulance into service, the reserve ambulance must be inspected by appropriate agency personnel, authorized by the ambulance service licensee or ambulance service administrator, to ensure compliance with these rules and verify that the equipment requirements specified in OAR 333-255-0072 are met.
- (3) A licensed ambulance service may temporarily use a licensed ambulance vehicle of another licensed ambulance service through a loan. Ambulance vehicle loans may occur if mechanical problems, or other hardships, prevent a licensed ambulance service from deploying its existing licensed ambulance vehicle.
- (4) The receiving and loaning ambulance service agencies shall enter into a written agreement on the terms of the loan. The written agreement shall include, but is not limited to, the following information:
  - (a) Name of contact person for each licensed ambulance service along with address, phone number, electronic mail address, and ambulance service license number;
  - (b) Ambulance vehicle identification including make, model, year, VIN and plate number;
  - (c) What level of ambulance transport service will be provided by the receiving ambulance service;
  - (d) Responsibility of each licensed ambulance service for providing, replacing or repairing equipment, if applicable; and
  - (e) Requirements for and proof of insurance coverage.
- (5) The licensed ambulance service receiving the loaned vehicle shall:
  - (a) Notify the Oregon Health Authority within three business days of receipt of the loaned vehicle; and
  - (b) Ensure the ambulance vehicle complies with these rules.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-255-0070

RULE TITLE: Ground Ambulance Staffing and Response Requirements

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0070

Minor change spelling out acronym. Updates terms for clarity. Clarifies notification requirements when a rural ambulance is permitted to operate a ground ambulance providing advanced life support with a qualified driver and EMS provider licensed as an Advanced EMT, EMT Intermediate or Paramedic. Clarifies that a licensed ambulance service must have written approval from the Oregon Health Authority before operating under an exemption.

RULE TEXT:

(1) A licensed ambulance service shall provide one of the following transport services using a licensed ground vehicle:

(a) Basic life support – the maximum functions that may be assigned to an Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) in accordance with OAR 847-035-0030;

(b) Advanced life support – the maximum functions that may be assigned to an Advanced Emergency Medical Technician (AEMT), EMT-Intermediate or Paramedic in accordance with OAR 847-035-0030; or

(c) Specialty care as defined in these rules.

(2) It is the licensed ambulance service responsibility to ensure that all emergency medical services (EMS) providers are practicing within their scope as identified in OAR 847-035-0030.

(3) A licensed ground ambulance shall have at a minimum:

(a) If providing basic life support:

(A) One qualified driver that meets the requirements specified in OAR 333-250-0270, and one EMS provider licensed as an EMT or higher or an ambulance-based clinician; or

(B) Two EMS providers, one of which must be licensed as an EMT or higher, or two ambulance-based clinicians.

(b) If providing advanced life support, one EMS provider licensed as an EMT or higher and one AEMT, EMT-Intermediate, Paramedic or an ambulance-based clinician.

(c) EMS providers accompanying patients in the patient compartment of an ambulance vehicle must be licensed at a level appropriate for any treatment interventions initiated on scene or likely to be required during transport. This requirement does not apply to an interfacility transfer or in the case of a disaster or a multiple patient incident consisting of more than five patients or as determined by an incident commander.

(d) If both crew members must be present in the patient compartment due to the patient's condition, then the driver of the ambulance shall be a licensed EMS provider or a qualified driver that meets the requirements of OAR 333-250-0270.

(4) Notwithstanding subsection (3)(b) of this rule, a rural ambulance service is permitted to operate a ground ambulance providing advanced life support with a qualified driver and one EMS provider licensed as an AEMT or higher, or an ambulance-based clinician if the rural ambulance service:

(a) Notifies in writing the county governing body responsible for the applicable ambulance service area and the ambulance service plan administrator of the reduced staffing. Both the county governing body and ambulance service plan administrator will notify the ambulance service in writing that they do not object to the reduced staffing;

(b) Notifies in writing the licensed ambulance service's EMS medical director of the reduced staffing and the EMS medical director notifies the licensed ambulance service in writing that they do not object to the reduced staffing; and

(c) Notifies the Oregon Health Authority (Authority) in writing by electronic or US Postal Service mail, the following:

(A) A description of efforts made to comply with the staffing requirements in subsection (3)(b) of this rule; and

(B) A copy of the county's notice that it does not object.

(5) If a rural ambulance service is operating with reduced staffing pursuant to section (4) of this rule it must:

(a) Document and track the date and time of calls, and make available, upon request, any associated electronic patient care reports (ePCRs) to the Authority;

(b) Make a continuous effort to attempt to comply with the staffing requirements in subsection (3)(b) of this rule; and

- (c) Comply annually with the requirements of section (4) of this rule.
- (6) A licensed ambulance service staffed entirely or partly by volunteers may respond to an emergency scene without a full crew as required by section (3) of this rule if approved by the Authority.
  - (a) The licensed ambulance service must submit an application requesting an exemption in a format prescribed by the Authority and include the following information prior to submission to the Authority:
    - (A) Documentation showing that the application has been approved by:
      - (i) The EMS medical director of the licensed ambulance service agency;
      - (ii) The governing body of each municipality for which the exemption is being requested; and
      - (iii) The county governing body and ambulance service plan administrator;
    - (B) A description of and provision for the following requirements:
      - (i) Timely arrival of a two-person crew at the scene;
      - (ii) An alerting system which shall make known to the intended responders the location of the emergency;
      - (iii) Either two-way radio communication between responders such that response can be coordinated by responding personnel, or a fixed schedule of assigned personnel, with designation of the parties who are to respond directly to the scene of an emergency and parties who are to operate the ambulance;
      - (iv) Personnel responding directly to the scene of an emergency must be individually equipped with the necessary medication or equipment to provide initial patient care, including uniform or personal protective clothing, disposable gloves and a pocket ventilation mask or other appropriate ventilatory adjuncts; and
      - (v) Copies of approved standard operating procedures or standing orders, which address the number of personnel to respond to the scene, organizational policies regarding the operation of motor vehicles by personnel responding to the scene and prohibiting entry into dangerous scenes;
  - (b) The full volunteer or part volunteer licensed ambulance service shall ensure that neither of the following occur:
    - (A) A licensed ambulance vehicle driven by a person not licensed as an EMT arrives at an emergency scene but an EMT or higher fails to arrive or arrives substantially later than the responding ambulance; or
    - (B) A licensed ambulance vehicle driven by an EMT or higher arrives at the scene but no other qualified driver, as specified by these rules, arrives at the scene to operate the ambulance; and
  - (c) Whenever possible, the full volunteer or part volunteer licensed ambulance service operating under an exemption granted pursuant to this rule must endeavor to ensure that a qualified driver who is not licensed as an EMT or higher is trained to the EMR level and meets the requirements for a qualified driver as specified in OAR 333-250-0270.
  - (d) The licensed ambulance service must have the written approval from the Authority before operating under an exemption.
  - (e) A full volunteer or part volunteer licensed ambulance service approved to respond to an emergency scene without a full crew must comply with subsections (5)(a) and (b) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0072

RULE TITLE: Ground Ambulance Vehicle Equipment Requirements

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0072

Revises equipment requirements for an ambulance vehicle replacing neonate sized oxygen nasal cannula with tubing with infant size; clarifies the number of soft restraints needed; updates the version of the Department of Transportation, Emergency Response Guidebook from 2016 to 2024. Removes requirement for a short backboard or equivalent and commercially packaged or sterile burn sheets. Removes outdated rule reference.

RULE TEXT:

- (1) As used in this rule, "surgical mask" means a mask that covers the user's nose and mouth and provides a physical barrier to fluids and particulate materials. The mask meets certain fluid barrier protection standards and Class I or Class II flammability tests. Surgical masks are tested for biocompatibility and are considered personal protective equipment (PPE).
- (2) A licensed ambulance service must ensure that appropriate equipment and all ancillary supplies necessary for the proper use of equipment is available in the ground ambulance vehicle, is in satisfactory working condition, is maintained in accordance with manufacturer requirements, and is stored in a sanitary and secure manner that protects the viability and safe operation of medications and equipment.
- (3) Required equipment for a ground ambulance vehicle that is used by an ambulance service to provide basic life support includes but is not limited to:
  - (a) Installed medical oxygen cylinder with a capacity of at least 3,000 liters and having not less than 500 psi:
    - (A) The installed medical oxygen cylinder must be located in a vented compartment; and
    - (B) The compartment shall not be utilized for storage of any non-secured equipment. No combustible items shall be stored in the oxygen compartment;
  - (b) Oxygen pressure regulator:
    - (A) The oxygen must be delivered by a single-stage regulator which is set to at least 50 psi;
    - (B) The pressure regulator controls must be accessible from inside the patient compartment; and
    - (C) The pressure regulator or other display must be visible from inside the patient compartment;
  - (c) Oxygen flow meter, mounted — 2:
    - (A) The flow meter must be readable from the emergency medical services (EMS) provider seat and squad bench; and
    - (B) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute;
  - (d) Portable medical oxygen cylinder with a capacity of at least 300 liters and having not less than 500 psi:
    - (A) The oxygen must be delivered by a yoke regulator with a pressure gauge and non-gravity-dependent flow meter that is visible and accessible to the medical personnel; and
    - (B) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute;
  - (e) Spare portable oxygen cylinder that is full, tagged, sealed and securely mounted;
  - (f) Oxygen non-rebreather masks with tubing in sizes to fit infants to adults;
  - (g) Oxygen nasal cannula with tubing that is transparent and disposable in sizes to fit infants to adults;
  - (h) Bag-valve-mask ventilation device reservoir and masks in sizes to fit neonates to adults. The device(s) must:
    - (A) Have a standard universal adapter;
    - (B) Be operable with or without an oxygen supply; and
    - (C) Be manually operated and self-refilling;
  - (i) Nebulizer, if reflected by standing orders;
  - (j) Continuous Oxygen Saturation Monitor in pediatric and adult sizes;
  - (k) End-tidal CO2 detection device;
  - (l) Oropharyngeal airways in sizes to fit neonates to adults;
  - (m) Supraglottic airways in sizes to fit neonates to adults;

- (n) Nasopharyngeal airways in sizes to fit neonates to adults;
- (o) Two suction apparatus that shall:
  - (A) Be electrically powered or battery powered with pressure regulator;
  - (B) If battery powered, have enough back-up batteries to maintain suction during routine transport;
  - (C) Have adequate supply of wide-bore tubing, commercial rigid oral and flexible pharyngeal and tracheal suction catheters in sizes to fit neonates to adults;
  - (D) Have collection canisters, either disposable or sealable liners, with adequate capacity;
- (p) Cardiac monitoring equipment including, at a minimum, a portable battery operated automatic external defibrillator (AED) with pediatric capabilities, and with hands-free pediatric and adult or combination pads;
- (q) A wheeled stretcher:
  - (A) Capable of securely fastening to the ambulance body;
  - (B) Having restraining devices for the legs, pelvis, torso and two over the shoulder straps;
  - (C) Containing a standard size foam mattress with a fluid resistant cover; and
  - (D) Capable of having the head of the stretcher tilted upwards to a 60-degree semi-sitting position;
- (r) Appropriately sized pediatric restraint system(s) that, at a minimum, covers a weight range of between 10 and 99 pounds. Only the manufacturer's recommendations for the weight or size of the patient should be considered when selecting the appropriate device for the specific pediatric patient being transported;
- (s) Fracture immobilization equipment, including but not limited to:
  - (A) Traction splints capable of pediatric and adult application;
  - (B) Extremity splints in pediatric and adult sizes;
  - (C) Extrication collars in pediatric and adult sizes;
  - (D) Pelvic sling in pediatric, adult, and extra-large sizes;
  - (E) Scoop stretcher, folding or non-folding type with necessary restraining devices and sufficient supplies for spinal motion restriction;
  - (F) Long backboard with necessary restraining devices with sufficient supplies for spinal motion restriction;
  - (G) Pediatric backboard with necessary restraining straps with sufficient supplies for spinal motion restriction;
- (t) Miscellaneous equipment, including but not limited to:
  - (A) Bandages and dressings in assorted sizes;
  - (B) Wound packing material, including hemostatic dressings;
  - (C) Bandage shears;
  - (D) Occlusive dressing or equivalent;
  - (E) Adhesive (consider hypo-allergenic) tape in assorted sizes;
  - (F) Commercially manufactured arterial tourniquets - 2;
  - (G) Emesis containers;
  - (H) Stethoscope: pediatric and adult;
  - (I) Aneroid sphygmomanometer in pediatric, adult and bariatric sizes;
  - (J) Hypothermia thermometer;
  - (K) Disposable obstetrical kits - 2;
  - (L) Chemical heat and cold packs - 4 each;
  - (M) Urinals: female and male - 1 each;
  - (N) Bedpan;
  - (O) Commercially available soft restraints - 4;
  - (P) Digital or mechanical means to test blood glucose level;
  - (Q) A quick reference guide or other evidence-based reference material, such as a length-based tape, that provides appropriate guidance for pediatric drug dosing and equipment sizing;
  - (R) Medications and fluids as authorized by the EMS medical director, appropriate to the level of care being provided;
  - (S) Linen supplies and replacements sufficient to cover wheeled stretchers; and(T) Irrigation solution;

- (u) Personal protection equipment sufficient for crew and patient(s), including but not limited to:
  - (A) Non-latex disposable gloves;
  - (B) Surgical masks;
  - (C) HEPA or N95 mask in provider-appropriate sizes for each crew member;
  - (D) Protective eyewear;
  - (E) Disposable isolation gowns;
  - (F) Commercial antimicrobial hand cleanser;
  - (G) Surface cleaning disinfectant;
  - (H) Sharps container for the patient care compartment and a separate container for each kit that contains needles; and
  - (I) Infectious waste disposal bags;
- (v) Security and rescue equipment, including but not limited to:
  - (A) Fire extinguisher, 5lb. (2A-10BC type) – mounted and readily accessible in either the driver's or patient compartment;
  - (B) Nonflammable roadside warning devices that are reflective or illuminated - 6;
  - (C) Portable reusable light source, such as a flashlight or headlamp - 2;
  - (D) Leather gloves for each crew member;
  - (E) American National Standards Institute (ANSI) Class 2 or 3 reflective vests or outerwear for each crew member; and
  - (F) Adequate extrication equipment for agencies that provide initial response without the response of other rescue apparatus or equipment;
- (w) The U.S. Department of Transportation, 2024 "Emergency Response Guidebook, (A guidebook for first responders during the initial phase of a transportation incident involving hazardous materials/dangerous goods)";
- (x) Triage tags - 25;
- (y) Oregon Trauma System Identification Bracelets - 5;
- (z) Supplies necessary to complete an electronic patient care report (ePCR) as required by OAR 333-250-0310;
  - (aa) A copy of standing orders dated within one year and signed by the EMS medical director;
  - (bb) A universal "No Smoking" sign conspicuously displayed in the driver's and patient compartment; and
  - (cc) A universal "Fasten Seatbelt" sign conspicuously displayed in the driver's compartment.
- (4) Required equipment for a ground ambulance vehicle that is used by an ambulance service to provide advanced life support must meet the equipment requirements specified in section (3) of this rule and include, but not limited to:
  - (a) Cardiac monitoring equipment:
    - (A) A portable battery powered manual monitor defibrillator capable of recording an electrocardiogram (ECG) reading;
    - (B) ECG electrodes, pediatric and adult;
    - (C) Patient cables - 2; and
    - (D) ECG paper.
  - (b) Physiologic isotonic crystalloid solution or combinations thereof - 6 liters;
  - (c) Intravenous administration sets: microdrip and macrodrip;
  - (d) Vascular access devices:
    - (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge;
    - (B) Specifically designed needles or device with needles for intraosseous infusions;
    - (C) Latex-free venous tourniquets;
    - (D) Syringes of various sizes;
    - (E) Needles of various sizes including sizes suitable for intramuscular injections; and
  - (e) A commercially manufactured quick reference guide that provides appropriate guidance for pediatric drug dosing and equipment sizing.
- (5) If an ambulance service is providing advanced life support and the ground ambulance vehicle is staffed with a Paramedic or ambulance-based clinician, the ground ambulance vehicle shall have all the equipment identified in section (4) of this rule and include, but not limited to:

- (a) Nasogastric tubes in sizes to fit neonates to adults;
- (b) Cardiac monitoring equipment which must be capable of transcutaneous cardiac pacing, 12 lead ECG, and may be a stand-alone unit or integrated in the monitor and defibrillator unit; and
- (c) Advanced airway care equipment:
  - (A) Primary and secondary laryngoscope devices in sizes to fit neonates to adults including:
    - (i) Straight 0, 1, 2, and 3; and
    - (ii) Curved 2 and 3;
  - (B) Endotracheal tubes in sizes to fit neonates to adults including:
    - (i) Uncuffed 2.5 mm and 3.0 mm;
    - (ii) Cuffed or Uncuffed 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5mm; and
    - (iii) Cuffed 6.0 mm, 6.5mm, 7.0 mm, 7.5mm and 8.0 mm;
  - (C) Magill Forceps — pediatric and adult;
  - (D) Intubation stylettes — pediatric and adult; and
  - (E) Chest decompression equipment including:
    - (i) 23g diameter maximum length 2cm needles;
    - (ii) 14g diameter maximum length 3.8cm needles; and
    - (iii) 14g or larger diameter minimum length 8.25cm needles or commercial chest decompression device.
- (6) A ground ambulance vehicle shall have two-way radio communication equipment to provide reliable contact between the ambulance and central dispatch, the receiving hospital, and online medical direction.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0073

RULE TITLE: Specialty Care Ground Ambulance Vehicle Requirements

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0073

Revises equipment requirements for a specialty care ambulance vehicle based on changes to OAR 333-255-0072, which replaces neonate sized oxygen nasal cannula with tubing with infant size; clarifies the number of soft restraints needed; updates the version of the Department of Transportation, Emergency Response Guidebook from 2016 to 2024. Removes requirement for a short backboard or equivalent and commercially packaged or sterile burn sheets. Removes outdated rule reference.

RULE TEXT:

(1) A ground ambulance vehicle in operation and providing only specialty care transport during inter-facility transfers must be staffed by a minimum of two qualified persons or additional staff, the number and type, specified by the transferring physician:

- (a) A qualified driver who meets the requirements specified in OAR 333-250-0270; and
- (b) A person who is a Paramedic with additional specialty care training, an ambulance-based clinician or other qualified person who has additional specialty care training and who must be in the patient compartment when a patient is receiving specialty level care.

(2) A Paramedic, ambulance-based clinician or other qualified person described in subsection (1)(b) of this rule must have the:

- (a) Training to properly operate all patient care equipment carried on a ground ambulance vehicle, including specialty care equipment necessary to care for the patient during the transfer;
- (b) Training to do titration of intravenous medications necessary to care for the patient during transfer; and
- (c) Ability to properly assist in lifting and moving a patient.

(3) A ground ambulance vehicle in operation and providing only specialty level care transport must have the necessary patient care equipment, medications or supplies anticipated or required for patient care including at a minimum:

- (a) The equipment requirements specified in OAR 333-255-0072 section (5);
- (b) Device to provide continuous waveform capnography;
- (c) Device to provide pressure infusion of intravenous (IV) fluids; and
- (d) Equipment suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-administration of fluid.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0080

RULE TITLE: Air Ambulance Configuration and Survival Equipment Requirements

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0080

Minor corrections for clarity and spells out acronym.

RULE TEXT:

- (1) An air ambulance in operation must comply with all Federal Aviation Administration (FAA) regulations contained in Part 135, and ORS chapter 682.
- (2) An air ambulance must be maintained in good operating order and maintenance records kept and made available for inspection by the Oregon Health Authority (Authority):
  - (a) The aircraft must have:
    - (A) A climate control system to prevent temperature extreme that would adversely affect patient care;
    - (B) Interior lighting, so that patient care can be given and patient status monitored. The interior lighting must not interfere with the pilot's operation of the aircraft;
    - (C) At least one outlet per patient and current for 110 volts (50/60 cycle) alternating current or other current which is capable of operating all electrically-powered medical equipment;
    - (D) A back-up source of electric current or batteries capable of operating all electrically-powered life support equipment for a minimum of one-hour;
    - (E) An adequate door to allow loading and unloading of a patient without rotating the patient and stretcher more than 30 degrees about the longitudinal (roll) axis or 45 degrees about the lateral (pitch) axis;
    - (F) A configuration that allows the medical personnel access to the patient in order to begin and maintain treatment modalities. There must always be complete access to the patient's head and upper body for effective airway management;
    - (G) The stretcher and medical equipment placed in a manner that shall not impede rapid egress by personnel or patient from the aircraft;
    - (H) Communications equipment to ensure both internal crew and air-to-ground exchange of information between individuals and agencies appropriate to the mission. Scene response aircraft must be able to communicate with emergency medical services (EMS) and law enforcement personnel at the scene; and
    - (I) An installed self-activating emergency locator transmitter.
  - (b) The aircraft must have survival equipment for crew members and patient consisting of:
    - (A) Clothes for the season and area to be served;
    - (B) Thermal (space) blanket;
    - (C) Plastic tarp, at least 5 feet x 7 feet;
    - (D) Signal mirror;
    - (E) Compass;
    - (F) Canned smoke signal, or flare pistol and flares or pencil-flares;
    - (G) Flashlight or headlamp;
    - (H) Orange signal banner;
    - (I) Noise maker (whistle);
    - (J) Drinkable water (minimum of three liters) or intravenous fluid;
    - (K) Emergency food rations supplying at least 3,000 calories per person;
    - (L) Waterproof matches or fire-starting equipment; and
    - (M) Fire extinguisher (ABC rating).
- (3) The aircraft owner who does not own their medical equipment or employ their medical personnel, must have on file with the Authority a copy of the signed and dated agreement or contract with the agency that does provide either the medical personnel or medical equipment to be used on the air ambulance. The signed and dated agreement or contract



must be filed annually or whenever substantive changes are made, whichever is more frequent.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0081

RULE TITLE: Air Ambulance Operating Requirements for Interfacility Transfers

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0081

Adds reference to Transitional Paramedic for purposes of minimum staffing requirements for air ambulance interfacility transfers. Revises equipment requirements for air interfacility replacing neonate sized oxygen nasal cannula with tubing with infant size and clarifies the number of soft restraints needed. Removes requirement for commercially packaged or sterile burn sheets. Removes outdated rule reference.

RULE TEXT:

- (1) As used in this rule, "respiratory therapist (RT)" means a person licensed under ORS chapter 688, actively registered and in good standing with the Oregon Respiratory Therapists and Polysomnographic Technologist Licensing Board.
- (2) An air ambulance in operation and providing interfacility transfers must have a minimum medical staff of two persons and a pilot:
  - (a) A pilot adhering to all regulations set forth in Federal Aviation Administration (FAA) Part 135 for air medical transport; and
  - (b) Any combination of two medical personnel consisting of a Paramedic, Transitional Paramedic, registered nurse (RN), physician associate (PA), physician or RT having:
    - (A) Documentation that at least one member of the medical crew has successfully completed -employer orientation. The orientation must include emergency care procedures, emergency egress procedures, aircraft safety, altitude physiology and survival procedures. There must be written documentation of an annual review of the orientation course material. The length and content of the review must be established by the emergency medical services (EMS) medical director and be kept on file with the ambulance service;
    - (B) A current Basic Life Support (BLS) Provider card or proof of course completion that meets or exceeds the 2015 American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) guidelines or equivalent;
    - (C) If providing care to neonate, infant or pediatric patients, documentation of completing one of the following courses or equivalent:
      - (i) Advanced Pediatric Life Support (APLS);
      - (ii) Pediatric Advanced Life Support (PALS); or
      - (iii) Neonatal Resuscitation Program (NRP);
    - (D) If providing care to adult patients, documentation of completing one of the following courses or equivalent:
      - (i) Advanced Cardiac Life Support (ACLS); or
      - (ii) Prehospital Trauma Life Support (PHTLS);
    - (E) The ability to properly assist in lifting and moving a patient; and
    - (F) The knowledge to properly operate all patient care equipment that may be used.
- (3) When an interfacility transfer is requested, a representative from both the ambulance service and the hospital must communicate clearly, prior to transfer, the type of aircraft being requested, as well as the type of aircraft that will respond, if different than requested. The patient's medical condition, additional equipment and personnel required, and the weather conditions and aircraft available must be taken into consideration.
- (4) Patient Care Equipment. The following patient care equipment, in satisfactory working condition and kept in a sanitary manner, is required on all air ambulance flights. The equipment may be kept separate from the aircraft in modular pre-packaged form, so as to be available for rapid loading, easy securing and easy access aboard the aircraft:
  - (a) Medical oxygen cylinders and regulators:
    - (A) Medical oxygen cylinder with a capability of at least 600 liters and having not less than 500psi:
      - (i) The oxygen cylinder(s) must be securely fastened to the aircraft while in flight;
      - (ii) The oxygen must be delivered by a yoke regulator with a pressure gauge and a non-gravity-dependent flow meter

- that is visible and accessible to the medical personnel; and
- (iii) The flow meter must be adjustable over a minimum range of 0 to 15 liters per minute;
- (B) A spare portable oxygen cylinder that is full, tagged, sealed, and securely mounted;
- (b) Medical oxygen administration equipment:
  - (A) Oxygen non-rebreather masks with tubing in sizes to fit infants to adults;
  - (B) Oxygen nasal cannula with tubing that is transparent and disposable in sizes to fit infants to adults;
  - (C) Bag-valve-mask ventilation device reservoir and masks in sizes to fit neonates to adults. The device(s) must:
    - (i) Have a standard universal adapter;
    - (ii) Be operable with or without an oxygen supply; and
    - (iii) Be manually operated and self-refilling;
  - (c) Airway maintenance devices:
    - (A) Nebulizer, if reflected by current standing orders;
    - (B) Pharyngeal esophageal airway devices in sizes to fit neonates to adults;
    - (C) End-tidal CO<sub>2</sub> detection device;
    - (D) Oropharyngeal airways in sizes to fit neonates to adults; and
    - (E) Nasopharyngeal airways in sizes to fit neonates to adults;
  - (d) Suction equipment:
    - (A) Portable suction aspirator:
      - (i) The unit must be either a self-contained battery or oxygen-powered unit that can operate continuously for 20 minutes and is rechargeable or be a manually powered unit;
      - (ii) The unit must be capable of developing a minimum vacuum of 300 mm Hg within four seconds after the suction tube is closed;
      - (iii) The unit must provide a free air flow of at least 20 liters per minute;
      - (iv) The unit must be adjustable for use on pediatric and intubated patients;
      - (v) The unit must include at least a 300-ml collection bottle; and
    - (vi) A secondary suction apparatus;
    - (B) Suction connecting tubing and catheters:
      - (i) Suction connecting tubing that is at least one-quarter of an inch in diameter, translucent and will not kink or collapse under high suction - 2; and
      - (ii) Commercial rigid oral and flexible pharyngeal and tracheal suction catheters in sizes to fit neonates to adults;
  - (e) Stretcher. The stretcher must:
    - (A) Be securely fastened to the aircraft in accordance with FAA regulations; and
    - (B) Have restraining devices for the legs, pelvis, torso and two over the shoulder straps;
  - (f) Miscellaneous equipment:
    - (A) Emesis containers;
    - (B) Stethoscope in pediatric and adult sizes;
    - (C) Aneroid sphygmomanometer in pediatric, adult, and bariatric sizes;
    - (D) Bandage shears;
    - (E) Hypothermia thermometer;
    - (F) Chemical heat and cold packs - 4 each;
    - (G) Digital or mechanical means to test blood glucose level;
    - (H) Urinals, female and male - 1 each;
    - (I) Bed pan (Exempt from rotary-wing aircraft); and
    - (J) Commercially available soft restraints - 4;
    - (K) Device to provide continuous waveform capnography;
    - (L) Device to provide pressure infusion of intravenous (IV) fluids; and
    - (M) Equipment suitable for administering a fluid bolus to pediatric patients that limits risk for inadvertent over-

administration of fluid;

(g) Personal protection equipment sufficient for crew and patient(s) including:

(A) Non-latex disposable gloves;

(B) Surgical masks;

(C) Protective eyewear;

(D) Disposable isolation gowns;

(E) Hand cleaning solution or foam;

(F) Surface cleaning disinfectant;

(G) Sharps container for each kit that contains needles; and

(H) Infectious waste disposal bags;

(h) Linen supplies and replacements to cover stretcher;

(i) Commercially manufactured arterial tourniquets - 2;

(j) Latex-free venous tourniquets;

(k) Sterile saline solution for irrigation;

(l) Supplies necessary to complete an electronic patient care report (ePCR) as required by OAR 333-250-0310;

(m) A copy of standing orders dated within one year and signed by the EMS medical director; and

(n) A universal "No Smoking" sign must be conspicuously displayed in the aircraft.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0082

RULE TITLE: Air Ambulance Operating Requirements for Scene Response

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0082

Adds reference to Transitional Paramedic for purposes of minimum staffing requirements for air ambulance scene response. Revises equipment requirements for an air scene response replacing neonate sized oxygen nasal cannula with tubing with infant size; clarifies the number of soft restraints needed. Removes requirement for commercially packaged or sterile burn sheets. Updates the version of the Department of Transportation, Emergency Response Guidebook from 2016 to 2024. Removes outdated rule reference.

RULE TEXT:

(1) An air ambulance in operation and providing scene response care must have a minimum medical staff of two persons and a pilot:

- (a) A pilot adhering to all regulations set forth in Federal Aviation Administration (FAA) Part 135; and
- (b) Any combination of two medical personnel consisting of at least one Paramedic, Transitional Paramedic or ambulance-based clinician meeting the requirements specified in OAR 333-250-0270 sections (3) and (4).

(2) The following prehospital scene patient care equipment is required on all prehospital scene responses:

- (a) All patient care equipment specified in OAR 333-255-0081 section (4);
- (b) Fracture immobilization equipment:
  - (A) Traction splint capable of pediatric and adult application;
  - (B) Extremity splints in pediatric and adult sizes; and
  - (C) Extrication collars in pediatric and adult sizes;
- (c) Bandages and dressings in assorted sizes, sterile and non-sterile;
- (d) Wound packing material, including hemostatic dressings;
- (e) Occlusive dressing or equivalent;
- (f) Adhesive or hypo-allergenic tape in assorted sizes;
- (g) Cardiac monitoring equipment:
  - (A) A portable battery-operated manual monitor defibrillator capable of recording electrocardiogram (ECG) reading;
  - (B) ECG electrodes, pediatric and adult;
  - (C) Hands-free pediatric and adult or combination pads;
  - (D) Capable of transcutaneous cardiac pacing and may be a stand-alone unit or integrated in the monitor and defibrillator unit;
  - (E) Patient cables - 2; and
  - (F) ECG paper;
- (h) Advanced airway care equipment:
  - (A) Primary and secondary laryngoscope devices in sizes to fit neonates to adults including:
    - (i) Straight 0, 1, 2, and 3; and
    - (ii) Curved 2 and 3;
  - (B) Endotracheal tubes in sizes to fit neonates to adults including:
    - (i) Uncuffed 2.5 mm and 3.0 mm;
    - (ii) Cuffed or Uncuffed 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5mm; and
    - (iii) Cuffed 6.0 mm, 6.5mm, 7.0 mm, 7.5mm and 8.0 mm;
  - (C) Magill Forceps, pediatric and adult;
  - (D) Intubation stylettes, pediatric and adult;
  - (E) End-tidal CO2 detection device;
  - (F) Oxygen saturation monitor; and
  - (G) Chest decompression equipment including:

- (i) 23g diameter maximum length 2cm needles;
- (ii) 14g diameter maximum length 3.8cm needles; and
- (iii) 14g or larger diameter minimum length 8.25cm needles or commercial chest decompression device.
- (i) Sterile intravenous (IV) agents and medications authorized by the emergency medical services (EMS) medical director;
- (j) Vascular access devices:
  - (A) Over-the-needle catheters in assorted sizes 24-gauge through 14-gauge; and
  - (B) Specifically designed needles for intraosseous infusions;
- (k) Nasogastric tubes in sizes to fit neonates to adults;
- (l) Oregon Trauma System's Identification Bracelets - 5; and
- (m) Miscellaneous equipment:
  - (A) The U.S. Department of Transportation, 2024 "Emergency Response Guidebook, (A guidebook for first responders during the initial phase of a transportation incident involving hazardous materials/dangerous goods)";
  - (B) A copy of standing orders dated within one year and signed by the EMS medical director; and
  - (C) A quick reference guide or other evidence-based reference material, such as length-based tape, that provides appropriate guidance for pediatric drug dosing and equipment sizing; and
  - (D) Appropriately sized pediatric restraint system(s) that, at a minimum, covers a weight range of between 10 and 99 pounds. Only the manufacturer's recommendations for the weight or size of the patient should be considered when selecting the appropriate device for the specific child being transported.
- (3) In a prehospital resuscitation, when no other practical means of transportation, including any other properly equipped license-holder, is reasonably available, a license-holder may deviate from the rules to the extent necessary to meet the rescue situation.

STATUTORY/OTHER AUTHORITY: ORS 682.017, 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

ADOPT: 333-255-0095

RULE TITLE: Ambulance Infection Control

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Adopt 333-255-0095

Adds new rule on infection control including specific requirements for cleaning and decontaminating an ambulance vehicle after each patient transport, when equipment must be taken out of service, and when equipment must be disinfected. Requires the ambulance service to provide necessary personal protective equipment (PPE) and supplies for cleaning or disinfecting.

RULE TEXT:

- (1) A licensed ambulance vehicle, including the patient compartment, gurney, and patient care equipment, must be cleaned and decontaminated by the licensed ambulance service after each patient transport. Cleaning and decontamination must occur at the receiving facility before the ambulance is placed back in service.
- (2) Regardless of contamination, a licensed ambulance service must:
  - (a) Clean and decontaminate at least once every 24 hours if the ambulance vehicle is used for patient transport daily.
  - (b) Clean and decontaminate after each patient transport if the ambulance vehicle is not used for patient transport daily.
- (3) Cleaning and decontamination include but are not limited to:
  - (a) Wiping off all visible debris and soil with towels;
  - (b) Properly disposing towels at the receiving facility or storing in a sealed container or bag for washing at the ambulance service facility;
  - (c) Ensuring all personal protective equipment (PPE) and cleaning supplies used for cleaning and decontaminating the ambulance and patient care equipment are properly disposed of in a red biohazard bag if soaked in blood or bodily fluids; and
  - (d) Ensuring all needles and sharps are disposed of in a sharps container.
- (4) The licensed ambulance service shall take out of service any patient care equipment contaminated with blood or bodily fluids that requires extensive cleaning or decontamination. Equipment must be bagged in a red biohazard bag and transported back to the ambulance service facility for decontamination before being placed back in service. Equipment that may require extensive cleaning and decontamination includes, but is not limited to:
  - (a) Patient restraint straps (spine board or gurney);
  - (b) Equipment bags made of a permeable material; or
  - (c) Patient care equipment with permeable surfaces.
- (5) A licensed ambulance vehicle, including the patient compartment, gurney, and patient care equipment, must be cleaned, decontaminated and disinfected when exposed to possible respiratory or bloodborne pathogens, or biohazards using an US Environmental Protection Agency (EPA)-registered hospital disinfectant rated to disinfect the contaminant or known pathogen per the manufacturer recommendations.
- (6) The ambulance patient compartment, gurney and patient care equipment surfaces shall be regularly inspected by the licensed ambulance service for breaks in integrity that would impair cleaning or disinfecting. These items shall be discarded or taken out of service and repaired prior to being placed back in service.
- (7) PPE and cleaning or disinfecting materials must be provided by the licensed ambulance service to employees, volunteers, qualified drivers and ambulance-based clinicians when cleaning an ambulance.

STATUTORY/OTHER AUTHORITY: ORS 682.017, ORS 682.068

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, ORS 682.991

AMEND: 333-255-0100

RULE TITLE: Complaints

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0100

Minor change spelling out acronym

RULE TEXT:

- (1) Any person may make a complaint verbally or in writing to the Oregon Health Authority (Authority) regarding an allegation that a licensed ambulance vehicle is in violation of any licensing law.
- (2) The identity of a person making a complaint will be kept confidential as permitted by law.
- (3) An investigation will be carried out as soon as practicable after the receipt of the complaint in accordance with OAR 333-255-0105.
- (4) If the complaint involves an allegation of criminal conduct or an allegation that is within the jurisdiction of another local, state or federal agency, the Authority will refer the matter to that agency.
- (5) The Authority does not have jurisdiction over and shall not take action on complaints that relate solely to rates charged to a patient transported by a licensed ambulance service in an ambulance.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991



AMEND: 333-255-0105

RULE TITLE: Investigations

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0105

Minor change spelling out acronym

RULE TEXT:

(1) As soon as practicable after receiving a complaint, taking into consideration the nature of the complaint, Oregon Health Authority (Authority) staff will begin an investigation.

(2) An ambulance service shall permit Authority staff access to the service agency and ambulance vehicles during an investigation. For purposes of an investigation, giving advanced notice to the licensed ambulance service is not required.

(3) An investigation may include but is not limited to:

(a) Interviews of the complainant, patients of the ambulance service, patient family members, witnesses, ambulance service management and staff;

(b) On-site observations of staff performance and the physical environment of the ambulance service or ambulance vehicle; and

(c) Review of documents and records.

(4) The Authority may make photographic, video-graphic or audio recording documentation as part of an investigation of non-compliance with ORS chapter 682; OAR chapter 333, division 250; and these rules.

(5) Information obtained by the Authority during an investigation of a complaint or reported violation under this section is confidential and not subject to public disclosure under ORS 676.175. Upon the conclusion of the investigation, the Authority may publicly release a report of its findings but may not include information in the report that could be used to identify the complainant or any patient of the ambulance service. The Authority may use any information obtained during an investigation in an administrative or judicial proceeding concerning the licensing of an ambulance service, and may report information obtained during an investigation to a health professional regulatory board as defined in ORS 676.160 as that information pertains to a licensee of the board.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0110

RULE TITLE: Survey of Ambulance Vehicle

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0110

Minor change spelling out acronym, updates term "governmental agency" to "governing body," and replaces reference to the term "owner" with "ambulance service licensee." Updates reference to ambulance service plan to align with OAR chapter 333, division 260.

RULE TEXT:

- (1) In addition to any investigation conducted under OAR 333-255-0105, the Oregon Health Authority (Authority) may conduct a survey of an ambulance vehicle for the purpose of evaluating the eligibility of an ambulance service to receive or retain an ambulance vehicle license and to ensure the health, safety, and welfare of the persons who utilize ambulance vehicles.
- (2) An ambulance vehicle may be exempt from the survey process if:
  - (a) An initial survey of the ambulance service was conducted by the Authority previously and the ambulance service license remains active and in good standing;
  - (b) The ambulance service is accredited by a nationally recognized emergency medical services (EMS) accreditation program that meets or exceeds Oregon requirements. A copy of the survey report from the nationally recognized EMS accreditation program must be filed with the Authority for approval; or
  - (c) The ambulance service and ambulance vehicle has undergone a survey from a designee approved by the Authority or a local city or county governing body. A copy of the survey report from the local city or county governing body or state designee must be filed with the Authority for approval.
- (3) Initial and routine surveys of an ambulance vehicle must be scheduled with the management of the ambulance service at least 72 hours in advance of the survey unless otherwise mutually agreed upon by the Authority and ambulance service administrator or designee. The Authority:
  - (a) May survey an ambulance vehicle whenever the vehicle is present at the ambulance service office or any satellite-office location.
  - (b) Shall conduct a survey without impeding patient care or unreasonably delaying patient transport, unless in the judgment of the Authority, the lack of properly operating patient care equipment, the safety condition of the ambulance vehicle, or the patient care being rendered is detrimental or is reasonably likely to be detrimental to the patient's health, safety, or welfare.
  - (c) Shall be permitted access and entry, without delay, to all premises housing an ambulance vehicle for the purpose of a vehicle survey. No one, including but not limited to, the ambulance service licensee, the ambulance service administrator, employees, volunteers, and EMS medical director, may impede the Authority in conducting a lawful survey of an ambulance vehicle to evaluate compliance with ORS chapter 682; OAR chapter 333, division 250; and these rules.
  - (d) May accompany an ambulance crew on a call for the purpose of evaluating compliance with the requirements of ORS chapter 682; OAR chapter 333, division 250; and these rules.
- (4) In conducting a survey, the Authority must:
  - (a) Identify themselves by presenting Authority identification to the ambulance service licensee, ambulance service administrator, ranking employee, or volunteer present at the site of a survey or interview;
  - (b) Inform the ambulance service administrator or designee of the purpose for the survey; and
  - (c) Inform the ambulance service administrator or designee when the survey or interview has been completed and the preliminary results of the survey.
- (5) A survey may include but is not limited to:
  - (a) Interviews of patients, patient family members, ambulance management or staff;
  - (b) On-site observation of staff performance and the physical environment of the ambulance service or ambulance

vehicle; and

(c) Review of documents and records.

(6) An ambulance service shall make all requested documents and records available to the surveyor for review and copying.

(7) The Authority shall have the authority to make photographic, video-graphic or audio recording documentation as part of a survey for or investigation of non-compliance with ORS chapter 682; OAR chapter 333, division 250 and these rules.

(8) Following the survey, Authority staff shall prepare and provide the ambulance service administrator or designee specific and timely written notice of the findings.

(9) If the findings result in a referral to another regulatory agency, Authority staff shall submit applicable information to that referral agency for its review and determination of appropriate action.

(10) If no deficiencies are found during a survey, the Authority shall issue written findings to the ambulance service administrator or designee indicating that fact.

(11) At the completion of the survey process, a final report identifying findings shall be sent to the county governing body, the ambulance service EMS medical director and the ambulance service plan administrator.

(12) If deficiencies are found, the Authority shall take informal or formal enforcement action in accordance with OAR 333-255-0120 or 333-255-0125.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0115

RULE TITLE: Violations

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0115

Minor change spelling out acronym

RULE TEXT:

In addition to non-compliance with any rules or laws that govern an ambulance service or ambulance service vehicle, it is a violation:

- (1) To make a material omission or misrepresentation of facts on an application for a license or waiver, or in response to an inquiry or investigation. This includes the intentional misrepresentation or misstatement of a material fact, concealment of or failure to make known any material fact or any other means by which misinformation or false impression is knowingly given or deceit in obtaining or attempting to obtain a license or waiver or in any other transaction with the Oregon Health Authority (Authority);
- (2) To fail to have the appropriate personnel, medical equipment and supplies required for operation at the highest level of service provided when the ambulance vehicle is in operation as prescribed by these rules;
- (3) Upon inspection by the Authority, for an ambulance to manifest evidence of a mechanical or equipment deficiency that poses a significant threat to the health or safety of patients or crew;
- (4) To fail to produce records for inspection or to permit examination of an ambulance or patient care equipment;
- (5) To deface, alter, remove or obliterate any portion of any official entry upon a license, licensing decal, or waiver issued by the Authority; and
- (6) For other reasons determined by the Authority to pose a significant threat to the health, safety and well-being of ambulance patients.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0120

RULE TITLE: Informal Enforcement

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0120

Minor change spelling out acronym, updates references to governing body and to ambulance service plan to align with OAR chapter 333, division 260. Replaces reference to the term "owner" with "ambulance service licensee."

RULE TEXT:

- (1) If during an investigation or survey Oregon Health Authority (Authority) staff document violations of these rules; OAR chapter 333, division 250; ORS chapter 682; or ORS 820.300 through 820.380, the Authority may issue a statement of deficiencies that cites the law or rule alleged to have been violated and the facts supporting the allegation. The Authority shall share the statement of deficiencies with the ambulance service administrator or designee, the applicable emergency medical services (EMS) medical director, the county governing body, and the county ambulance service plan administrator.
- (2) Upon receipt of a statement of deficiencies, an ambulance service shall be provided an opportunity to dispute the Authority's findings but must still comply with sections (3) and (4) of this rule.
- (a) If an ambulance service desires an informal conference to dispute the Authority's findings, the ambulance service shall advise the Authority in writing within three business days after receipt of the statement of deficiencies. The written request must include a detailed explanation of why the agency believes the statement of deficiencies is incorrect.
- (b) An ambulance service may not seek a delay of any enforcement action against it on the grounds the informal dispute resolution has not been completed.
- (c) If an ambulance service is successful in demonstrating the deficiencies should not have been cited, the Authority shall reissue the statement of deficiencies, removing such deficiencies and rescinding or modifying any remedies issued for such deficiencies. The reissued statement of deficiencies shall state that it supersedes the previous statement of deficiencies and shall clearly identify the date of the superseded statement of deficiencies.
- (3) Depending on the nature and severity of the deficiency, a signed corrective action plan must be mailed to the Authority within a minimum of 24 hours or maximum of 30 business days, as specified by the Authority, from the date the statement of deficiencies was received by the ambulance service. A signed corrective action plan will not be used by the Authority as an admission of the violations alleged in the statement of deficiencies.
- (4) An ambulance service shall correct all deficiencies by the date identified by the Authority, unless an extension of time is requested from the licensed ambulance service. A request for such an extension shall be submitted in writing and must accompany the corrective action plan.
- (5) The Authority shall determine if a written corrective action plan is acceptable. If the corrective action plan is not acceptable to the Authority, the Authority shall notify the ambulance service licensee and ambulance service administrator in writing:
- (a) Identifying which provisions in the plan the Authority finds unacceptable;
- (b) Citing the reasons the Authority finds the provisions unacceptable; and
- (c) Requesting that the corrective action plan be modified and resubmitted no later than 14 business days from the date notification of non-compliance was received by the ambulance service licensee or ambulance service administrator.
- (6) Failure to respond to the Authority or if the ambulance service does not come into compliance by the date specified by the Authority, the Authority may propose to deny, suspend, or revoke an ambulance vehicle license or impose civil penalties.
- (7) The Authority shall confirm by survey or other appropriate means that all deficiencies have been corrected.
- (a) A subsequent on-site survey must be conducted and passed on the same day as the initial survey if the ambulance vehicle is to remain available for operation.
- (b) If the subsequent on-site survey reveals that all violations have not been corrected and the violations constitute an

immediate danger or threat to the public, the Authority may immediately suspend the ambulance license in accordance with OAR 333-255-0125. The suspension shall remain in force until all violations have been corrected.

(c) A second or subsequent on-site survey may result in the levy of a civil penalty.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991

AMEND: 333-255-0125

RULE TITLE: Formal Enforcement

NOTICE FILED DATE: 06/30/2025

RULE SUMMARY: Amend 333-255-0125

Minor change spelling out acronym. Specifies that the Oregon Health Authority may suspend, deny, revoke or issue a civil penalty against an ambulance service for failure to comply with ambulance vehicle rules. Updates references to governing body and to ambulance service plan to align with OAR chapter 333, division 260. Replaces reference to the term "owner" with "ambulance service licensee."

RULE TEXT:

- (1) The Oregon Health Authority (Authority) may suspend, deny, revoke, or issue a civil penalty against an ambulance service licensee for failure to comply with these rules.
- (2) If during an investigation or survey, Authority staff document a substantial failure to comply with these rules; OAR chapter 333, division 250; ORS chapter 682; or ORS 820.300 through 820.380, or if an agency fails to pay a civil penalty imposed under ORS 682.224 and these rules, the Authority may issue a Notice of Proposed Suspension or Notice of Proposed Revocation in accordance with ORS 183.411 through 183.470.
- (3) If during an investigation or survey, Authority staff document that an ambulance vehicle manifests evidence of a mechanical or equipment deficiency which poses a significant threat to the health or safety of patients or crew, the Authority shall immediately suspend that vehicle from operation.
- (4) No ambulance vehicle that has been suspended from operation may be operated until the licensed ambulance service has certified and the Authority has confirmed that all the violations have been corrected.
- (5) The Authority must provide appropriate public notification of the suspension or revocation of an ambulance vehicle license.
- (6) The Authority shall immediately notify the county governing body, the ambulance service emergency medical services (EMS) medical director and the county ambulance service plan administrator of any ambulance vehicle license suspension.

STATUTORY/OTHER AUTHORITY: ORS 682.017

STATUTES/OTHER IMPLEMENTED: ORS 682.017 - 682.117, 682.991