EMS & Trauma Systems
2nd Quarter review
April through June 2019

General EMS/TS Office Update
The EMS & Trauma Systems program finished the renewal season which included all EMTs, AEMTs, EMT-Is, Paramedics, all licensed services and related vehicles. Thank you to everyone for your patience during this very busy time. The program is currently seeking to fill one position, an Administrative Specialist 2. The Office of Rural Health has provided the program with a grant opportunity for 2019 which has included a stakeholder listening tour conducted by Elizabeth Heckathorn and Rebecca Dobert. A final report is due September 2019 and a presentation will be provided to the State EMS Committee. The program was successful in recruiting Robbie Edwards, AMERICORPS VISTA to work with the program. He has collected additional data that supports the “Rural EMS Resiliency in Oregon” project. This is a 3-year project that takes a closer look at the health and stability of EMS services in Oregon. To better track Stop the Bleed trainings taking place in Oregon please submit your class location (region) and size to Stop the Bleed training link. If you are teaching, please include this as a step for your train-the-trainers course. The state goal is to train 50,000 people in Oregon and this is a simple way to track our success.

Medical Directors
*Date range 04/01 – 06/30/2019
5 EMS Medical Director applications were approved this quarter:
- Cory Siebe MD - AirLink Critical Care Transport
- David D Stone MD - Lower Umpqua Hospital
- Sean M Stone MD - Colton Fire
- William J Reed MD - Bend Fire & Rescue, Redmond Fire and Rescue and Central Oregon Community College
- Bernie Sperley DO - The Resuscitation Group

6 EMS Medical Directors have withdrawn this quarter:
- Richard Jany MD - Lower Umpqua Hospital
- Ashley Laird MD - Agent of an EMS Medical Director for Paul Rostykus
- Joshua Cott MD - Rogue Community College
- Kenneth Lawson MD - Lower Umpqua Hospital, Scottsburg Rural Fire District
- Damian Peter Vraniak MD - Sisters-Camp Sherman RFPD
- Andy Nicholes MD - Josephine County American Medical Response, Jackson County
Sheriff, Air Rescue Systems

Ambulance Service Surveys
*April 1- June 20, 2019
Number of surveys conducted: 4
Number of revisits conducted: 0
Location by county for survey’s conducted:
  • Crook County: 1
  • Morrow County: 1
  • Wheeler County: 2

Number of agencies offered a probationary agreement: 0

Licensing
Ambulance Licensing
*April 1- June 20, 2019
New Ambulance (vehicle)
Initial License Applications received: 26
Initial License Applications issued: 26

Renewal of Ambulance Service
Oregon Transport License Services Due for Renewal: 134
Renewal license Applications Issued: 129
Renewal Applications Pending Medical Director Approval: 4
Transport Service not Renewing: 1

Renewal of Ambulance Vehicles
Renewal Applications received: 133
Vehicles Renewed: 667

Provider Licensing
*April 1- June 30, 2019
Renewal
Renewal Applications received: 8,607
Renewal Applicants licensed:
  • EMR: 5
  • EMT: 4,111
  • AEMT: 148
  • EMT-I: 661
  • Paramedic: 3,687

Initial
Initial Applications received: 392
Initial Applicants licensed:
  • EMR: 93
  • EMT: 250
AEMT: 9  
EMT-I: 7  
Paramedic: 33

**Reciprocity**
Reciprocity Applications received: 70  
Reciprocity Applicants licensed: 70

**Reversion**
Reversion requests received: 23  
Reversions granted: 23

ImageTrend Licensing Management Service (LMS) Repair Requests: 30

**Professional Service Unit**
*April 1 - June 20, 2019*
Provisional License applications received: 1  
Provisional Licenses awarded: 1

Licensees placed on probation: 4  
Licensees currently on probation: 9

Complaint intakes: 68  
Open case load: 101  
Cases closed: 50

**Education/Examination**
*April 1 - June 30, 2019*
Initial EMR Course Applications received: 8  
Initial EMR Course Applications approved: 7  
*The one denial was due to the agency’s lack of a medical director.*

**Mobile Training Unit (MTU)**
*April 1 - June 30, 2019*
Total CEU Audits conducted:
- EMR: 9  
- EMT and Higher (>1 year expiration): 12

Approved:
- EMR: 4  
- EMT and Higher (>1 year expiration): 12

MTU Training contact hours: 552.5  
Total attendees: 125

Webinars April and May: 2  
Total attendees: Approximately 270

Licensing Officer onsite trainings: 2 (April 2019)
Location by county:
- Multnomah
- Jackson

Other MTU activities:

MTU trainings included two sessions of pediatric training at the Newport EMS Conference, and a day-long regional in-service to BLS providers in Philomath. Both training events included scenario-based instruction with high-fidelity pediatric manikins.

The MTU facilitated a day-long regional in-service to approximately 28 EMS providers in Klamath and Lake counties in April. Personnel from AirLink provided instruction along with the MTU regarding respiratory patient assessment and management.

The MTU attended the 2019 Pathfinder Exercise at Camp Rilea (June 12-14, 2019 in Warrenton, OR) and provided a pediatric, high-fidelity simulation manikin for patient surge training purposes. This joint training exercise included HSPR, ODMT, SERV-OR, The Oregon National Guard, with OHA EMS-MTU and the Kaiser SIM team.

The joint EMS/TS and HSPR Stop the Bleed (STB) application and award process is complete and all agencies have received the equipment. 22 STB training kits have been distributed to 21 rural law enforcement, tribal and MRC agencies. A list of where this equipment, along with a STB FAQ sheet will be listed on the OHA EMS/TS website for anyone seeking to borrow a kit for training purposes. 12, five-pack emergency response kits and 359 individual response kits were awarded to rural, law enforcement agencies.

**Emergency Medical Services for Children (EMSC)**

**Pediatric Readiness Activities**

- **Pediatric Readiness Quality Collaborative:** There are 16 Oregon and 2 Southwest Washington hospitals that will be providing data for this project. Some of the hospitals have entered baseline data, and a few have started collecting quality improvement cycle 1 data. Other activities include: monthly meetings with Oregon teams, national project liaison and EMSC Program Managers; education sessions with the EMSC Innovation & Improvement Center; continued onboarding for sites that have experienced turnover; 1:1 session with participating hospitals (6 complete, 4 to be scheduled); Training Team (OHSU Doernbecher Children’s Hospital and Randall Children’s Hospital at Legacy Emanuel) meetings to plan for the future of the Oregon Pediatric Readiness Program.

- **Simulation Resource Team training:** The Idaho Simulation Network provided a Simulation Resource Team (SRT) training and exercise to the Samaritan North Lincoln Hospital at Lincoln City, OR. This will enable the new SRT to conduct simulation exercises and skills labs for their hospital providers.

- **Pediatric Emergency Preparedness Workshop:** Florence, Oregon will be the site of the 2019 workshop. The workshop will be at Siuslaw Fire & Rescue. PeaceHealth Peace Harbor will assist with planning logistics and Continuing Medical Education credits.

- **Pediatric Patient Care Equipment:** Equipment sent to Crook County Fire & Rescue, Douglas County Fire District #2 and Glide Rural Fire Protection District.
• **Grant Status:** During 2019 Q1, Oregon EMSC provided letters of support for three grant proposals. The proposal for "The Charlotte, Houston, and Milwaukie Prehospital (CHaMP) Research Node" was accepted. There have been no responses for the proposals for "A Multi-State Evaluation of Emergency Department Pediatric Readiness: Guideline Uptake and Association with Quality, Outcomes, and Cost" or "Pediatric Emergency Care Coordinator Health Outcomes Evaluation in Life-threatening Pediatric Emergencies (PECC-HELP)."

• **EMSC Grant Administration:** 2018-19 budget and financial report meetings; 2019 Annual EMSC meeting Steering Committee; Health Resources and Services Administration 2018-19 Performance Report was submitted; 2018-19 Federal Financial Report will be submitted by July 30, 2019.

• **Pediatric Assessment Resource:** A quick-reference pediatric assessment resource has been published. Letter to accompany the resource has been drafted. Waiting until after renewal to distribute to all transporting EMS service agencies.

• **Partner Meetings:**
  - National Association of State EMS Officials (NASEMSO): NASEMSO Annual Meeting - Pediatric Emergency Care Council in Salt Lake City, UT; Pediatric Emergency Care Council (PECC) Steering Committee meetings; West Region PECC meetings.
  - National EMSC Data Analysis Resource Center (NEDARC): Advisory Board virtual and in-person (Salt Lake City, UT) meetings; Tech Talks.
  - Northwest Oregon Health Preparedness Organization: Pediatric Summit - representing EMSC and sharing pediatric manikin.
  - Oregon Association of Hospitals and Health Systems: Preparing for Interfacility Transfer presentation.
  - Oregon Family-to-Family Information Center: Preparing for Safe & Secure Symposium presentation.
  - Oregon Health Authority programs:
    - EMS Program: AmeriCorps VISTA project - VISTA project lead: data meetings. Licensing team - Licensing team lead: provider, group, service and vehicle renewal.
    - Trauma Program: OHA Trauma Huddle.
    - Health Security, Preparedness and Response (HSPR): Coordination Weekly meetings; Stop the Bleed equipment project.

**Rules and Legislation**

*Update are for 04/01-07/01/2019*

The EMS and Trauma Systems Program is proposing to permanently amend Oregon Administrative Rules in chapter 333, division 255 relating to the construction standards for ambulance vehicles. Upon implementing rules filed in 2018, it was determined that additional clarification was needed to be clear that existing licensed ambulance vehicles are not subject to revised standards or inspection by an Emergency Vehicle Technician. Interested persons are invited to review the proposed rules and to comment on them. Oral testimony may be presented at a public hearing being held on Wednesday, July 24th at 9:00 a.m. at 800 NE Oregon Street, Room 1-C, Portland OR 97232. Persons may also file written comments before 5:00 p.m. on July 26th, 2019 to the Public Health Division Rules Coordinator at:

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930,
Portland, OR 97232.
A copy of the proposed rules and statement of need and fiscal impact can be found on the EMS Rules and Statutes webpage.

Committees
Committee Application
The EMS and Trauma System Committee Coordinator worked with the OHA Director’s office to create a process for committee appointments. This is part of the division’s goal to modernize public health systems. Two foundational capabilities that guide boards and committees are health equity and cultural responsiveness and community partnership development. Together, these identify a requirement for state public health: to ensure that state public health increase racial and ethnic representation on councils and committees (Health Equity and Cultural Responsiveness) and ensure participation of community partners in local and state planning efforts (Community Partnership Development). The new process will help support ALL of Oregon. To apply for a vacant position on the listed committees click HERE.

Stroke Care Committee
Vacancies:
- Hospital Administrator (or Delegate)
- Physician specializing in Emergency Medicine
- Advocate for Stroke Patient who is not a healthcare provider

Current priorities:
- 2019 Stroke Legislative Report
- Get with the Guidelines Data
- Stroke care quality improvement
- Telehealth care in rural communities

State Trauma Advisory Board
Vacancies:
- Level 1 or 2 Neurosurgeon
- Level 3 Trauma Nurse Coordinator
- Urban Area Trauma Hospital Administration Representative
- Public Member

Current priorities:
- Pathfinder Minuteman
- OTR Trauma Hospital Reporting
- OTR Data workgroup
- Stop the Bleed work

State EMS Committee
Vacancies:
- Physician Supervising a Prehospital Agency
- Physician
- EMS Provider (any level of license)
- Volunteer Ambulance Provider

Current priorities:
- Lights and Sirens use – Data review
- Opioid Response - Data review
- Medical Director and Supervising Physician Roles in agency
• Surge Capacity in Oregon
• Prehospital and Hospital communication
• CARES and OR-EMSIS
• Ambulance Survey Summary
• Rural EMS workshop

EMSC Advisory Committee
No vacant Committee positions

ATAB meetings
Vacancies by ATAB

ATAB 1:
• 2x Surgeon
• 3x Supervising Physician
• Hospital Administrator
• Bordering State Representative
• 2x Public Representative
• 2x EMS Provider
• PSAP Representative/ Dispatch

ATAB 2:
• Surgeon
• Emergency Physician
• Emergency Department Nurse
• Public Representative
• Hospital Representative
• Public Representative
• EMS Provider

ATAB 3:
• 2x Public Representative

ATAB 5:
• No vacancies

ATAB 6:
• 2x Surgeon
• Emergency Physician
• 2x Hospital Administration
• 2x Emergency Department Nurse
• Bordering State Representative

ATAB 7:
• Surgeon
• 2x Public Representative
• Ambulance Service Operator/Owner

ATAB 9:
• 2x Surgeon
• Hospital Administration
• 2x Public Representative
• EMS Provider

ATAB Meeting dates:
• ATAB 1: 07/08/2019
• ATAB 2: 07/18/2019
• ATAB 3: 09/04/2019
• ATAB 5: 08/21/2019
• ATAB 6: 07/16/2019
• ATAB 7: 07/10/2019
• ATAB 9: 07/25/2019

Trauma Systems
*Survey Status from April 2019 – June 2019*
There were no surveys scheduled during this time period.

Program Update
• We have started the schedule reset this year and will be surveying ATAB 3 and ATAB 5.
• ATAB 2 and ATAB 7 are scheduled for 2020 while ATAB 1, ATAB 6 & ATAB 9 are scheduled for 2021.
• The new Oregon PRQ has been launched and is posted on the program website. Any updates and or corrections based on stakeholder’s feedback will be posted by October.
• The trauma program and the data team have been working on improving the OTR reports so that it matches the criteria requirements specified in the new Oregon PRQ.
• A transfer feedback form is being drafted. This will be shared with trauma coordinators for feedback once the draft has been finalized.
• The slides posted on our website about Preparation for Site Survey has been revised.
• Trends and deficiencies, the 2018 survey findings summary presentation will be given during the July 12 STAB meeting.
• Pediatric Gap Analysis study has been initiated but is pending until the program can collect the necessary data on pediatric trauma. This study will continue this year and updates will be provided during the STAB meeting.
• There is continued effort to improve injury prevention activities in the state by coordinating with OHSU Thinkfirst chapter and Legacy Emanuel Trauma Survivors Network to be used as resources for other trauma coordinators in enriching their prevention injury program.
• Mentorship between new trauma program coordinators and experienced trauma program managers/ coordinators is ongoing. Please contact Camillie Storm @ 971-673-0488 if you are interested.

Data
Oregon EMS Information System (OR-EMSIS)

EMS Services Reporting EMS Data
• Number of services onboarded (reporting): 84*
• Number of services scheduled to report: 32*
• There are approximately 136 licensed services.

*As of 3/22/2019

The OR-EMSIS strategic plan for 2018-2020 was recently updated and is posted online: See “Strategic Plan” at healthoregon.org/or-emsis. Highlights of the revised plan include increased opportunities for addressing EMS and hospital data integration with interoperability grant funding from the Centers for Medicare & Medicaid Services.
The EMS Data Change Management Workgroup met in February and will work to support agency CARES reporting through schematron updates.

A new stroke scale performance metric was added to the list of performance metrics posted online (see “Performance Measures” at [healthoregon.org/or-emsis](http://healthoregon.org/or-emsis) for the definitions for these metrics and their status).

**Oregon Trauma Registry (OTR)**
- The 2019 OTR data dictionary has been revised and is posted online ([link](http://healthoregon.org/or-emsis)).
- Trauma registry data validation for 2019 submission has been implemented.
- Donald Au, longtime Trauma Research Analyst 3, retired from state service. We thank him for two decades of service to this program and will likely begin recruitment to fill this position in the coming quarter.

**CARES**
* Date Range 04/01-06/30/2019

- Total number of EMS services reporting: 61
- Total number of hospitals reporting: 55

Number of EMS Trainings: 3
Number of hospitals Trainings: 2

The 2018 Oregon CARES report is available to the public and be posted soon. Oregon submitted 2,363 charts with a total of 9,785 charts since it began in 2013. This year agency Medical Directors were required to activate and claim their account in the state licensing program. This enabled the CARES coordinator to include each Medical Director to the agency’s personal CARES report. Not all transporting agencies are participating currently, and it is the goal of the program to support agencies with CARES reporting. National CARES and the state are looking at how to support Dispatch Assisted CPR.
Oregon Prehospital Data System Performance Measures

T1. NEMSIS 3 PCR Submission Timeliness

C4. GCS Recorded—Trauma

C1. NEMSIS 3 PCRs Submitted

C5. Scene and Injury Details Recorded—Transport Incidents

C2. Agencies Submitting NEMSIS 3 PCRs—Transport

C6. Suspected Stroke Receiving Prehospital Stroke Assessment

C3. Agencies Submitting NEMSIS 3 PCRs—Non-transport

U1. Agencies Submitting NEMSIS 2 PCRs—Transport
Oregon Prehospital Data System Performance Measures

**U2. Agencies Submitting NEMSIS 2 PCRs—Non-transport**

Lower is Better

**I1. Licensing System Integration—Transport Agencies**

Higher is Better

**I2. Licensing System Integration—Non-transport Agencies**

Higher is Better

**I3. Hospital Outcomes Recorded—Trauma**

Higher is Better

**I4. Hospital Outcomes Recorded—Non-trauma**

Central is Better

**A1. System Feedback Received**

Central is Better
<table>
<thead>
<tr>
<th>Priority</th>
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</thead>
</table>
| 1        | SB 29E | OHA Housekeeping Bill – For purposes of EMS:  
- Amends State Trauma Advisory Board, Area Trauma Advisory Board and State EMS Committee membership.  
- Revises definition of term "patient" for purposes of emergency medical services by eliminating requirement that person must be transported by ambulance to be a patient.  
- Clarifies that both ambulance vehicles and EMS providers operating vehicles under control of the US Government are exempt from Oregon licensure requirements.  
- Removes outdated EMS provider physical and mental health language for licensure and updates language to align with other health care professional licensing boards.  
Reference sections 25-28 and 51-56.  
**Enrolled. Governor signed on June 20, 2019. Sections identified become operative on 1/1/2020.** |
| 2        | SB 452A | Introduced bill was gut and stuffed with -2 amendments.  
A-Engrossed bill requires the OHA to study responses of emergency medical services to rare medical conditions, particularly conditions requiring emergency use medications for treatment. Results of study must be presented to the legislature no later than February 1, 2020.  
**Died in committee.** |
| 2        | SB 978A  
Section 22 | Omnibus gun bill. Section 22 of the A-Engrossed bill requires the OHA to obtain from each hospital, emergency department discharge records and outcome data for any patient treated for a firearm injury. Requires the OHA to adopt by rule standards for the data obtained. Specifies outcome data required to be submitted.  
**Died in committee.** |
| 3        | HB 2011E | Requires cultural competency continuing education for initial licensure and every four years thereafter for specified licensing boards including OHA for purposes of licensing EMS providers. Licensing boards shall adopt by rule hours necessary. Boards are encouraged to adopt completion of OHA (OEI) approved continuing education, or completion of continuing education that meets the skills requirements established by the OHA (OEI) in rule.  
| 3        | HB 2915 | Establishes the Oregon Yellow Dot Program. Allows emergency responders to access the glove compartment of a vehicle to access the yellow dot folder containing medical information after motor vehicle accident. ODOT to adopt rules for administering program. Exempts personal identifying information and healthcare provider or facility information from being disclosed on public record.  
**Died in committee.**  
Note: Future discussions about other options for patients with rare diseases may be possible. |
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<thead>
<tr>
<th>Priority</th>
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<tbody>
<tr>
<td>3</td>
<td>HB 3030E</td>
<td>Allows professional licensing board to issue temporary authorization to provide occupational or professional service to spouse of member of Armed Forces of United States stationed in Oregon and who holds out-of-state authorization to provide occupational or professional service and the board has determined that the other state's authorization requirements are substantially similar. Boards may adopt by rule competencies that must be demonstrated. Enrolled. Governor signed on May 22, 2019. Effective September 29, 2019. Note: ORS 676.308 already requires EMS to issue EMS provider licenses for this purpose. The EMS and Trauma Systems program will be working on administrative rule development.</td>
</tr>
<tr>
<td>3</td>
<td>HB 3056</td>
<td>Requires agencies to adopt rules specifying time period during which agency will approve or deny application for license after applicant has amended or modified original application. Died in committee.</td>
</tr>
<tr>
<td>3</td>
<td>SB 688E</td>
<td>Requires a state agency or board that licenses, certifies or otherwise authorizes an individual to provide an occupation or professional service to submit an annual report to an interim legislative committee related to veterans, information identifying steps taken by the agency or board to implement and maintain a process to issue temporary licenses or authorizations for military spouses or domestic partners, along with specified data. Enrolled. Awaiting Governor's signature. Effective January 1, 2020.</td>
</tr>
<tr>
<td>3</td>
<td>SB 725E</td>
<td>Specifies charges or convictions that may not be considered in fitness determinations by DHS or OHA for purposes of licensure, certification, or registration or to hold a position, provide services or be employed. Specifies for purposes of never-never crimes under ORS 443.004, DHS or OHA cannot complete a background check more than once during a two-year period unless certain criteria are met. Enrolled. Governor signed on June 17, 2019. Effective September 29, 2019. Note: Bill was amended to allow EMS program to continue to consider all crimes regardless of time frame for purposes of fitness determination.</td>
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<tr>
<td>3</td>
<td>SB 809E</td>
<td>Requires OHA to prescribe by rule criteria for making fitness determinations that includes substantiated abuses for which a provider may be deemed unit. Fitness determination means the evaluation of whether a subject individual is fit to hold a position or be granted a license, certification or permitted to provide direct care services. Enrolled. Governor signed on June 27, 2019. Effective January 1, 2020. Note: Bill was amended to remove language that would have applied to fitness determinations for EMS providers.</td>
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<tr>
<td>3</td>
<td>SB 854E</td>
<td>Directs professional licensing boards, in certain circumstances, to accept individual taxpayer identification number or other federally-issued identification number in lieu of Social Security number on applications for issuance or renewal of authorization to practice occupation or profession. Enrolled. Governor signed June 20, 2019. Effective September 29, 2019. Becomes operative on January 1, 2020.</td>
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<td>3</td>
<td>SB 855E</td>
<td>Directs professional licensing boards to study the manner in which immigrants or refugees become licensed, certified or otherwise authorized in an occupational service and shall develop and implement methods to reduce barriers to licensure. <strong>Enrolled. Governor signed on June 20, 2019. Effective September 29, 2019. Licensing boards must report on progress of implementation by November 30, 2019. Becomes operative on July 1, 2020.</strong></td>
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<tr>
<td>4</td>
<td>HB 2454A</td>
<td>Allows out-of-state applicant seeking occupational license in Oregon more time to meet Oregon standards if applicant is already licensed in another state and is seeking to work in Eastern Oregon Border Economic Development Region. Applicants issued a provisional license under this Act shall be required to meet all Oregon standards for full licensure imposed by the board not later than two years following date of issuance. <strong>Died in committee.</strong></td>
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<tr>
<td>4</td>
<td>HB 2750</td>
<td>Directs Department of Justice to establish program for awarding grants to law enforcement agencies and local governments for training of groups and agencies that interact with persons who have experienced trauma. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>4</td>
<td>HB 3307</td>
<td>Assesses fee on emergency medical services providers and uses fee to increase reimbursement paid by OHA for emergency medical services transports. <strong>Died in committee.</strong></td>
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<td>4</td>
<td>SB 684E</td>
<td>Modifies Oregon Consumer Identity Theft Protection Act. Details process for consumer notification when data held by third party is subject to breach. Vendor notification requirements. <strong>Enrolled. Governor signed on May 24, 2019. Effective January 1, 2020.</strong></td>
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<tr>
<td>4</td>
<td>SB 808</td>
<td>Directs OHA and specified professional regulatory boards to require licensees regulated by authority or board to complete continuing education related to suicide risk assessment, treatment and management and to report completion of continuing education to authority or board. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>4</td>
<td>SB 933E</td>
<td>Provides that form or document issued by public body asking person to identify person’s race or ethnicity must allow person to select multiple races or ethnicities and include certain categories of race or ethnicity. <strong>Enrolled. Governor signed on June 11, 2019. Effective January 1, 2020.</strong></td>
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<tr>
<td>4</td>
<td>SJR 9</td>
<td>Proposes amendment to Oregon Constitution to allow Legislative Assembly, by passage of joint resolution, to repeal administrative rule or amendment of administrative rule adopted by executive branch agency. <strong>Died in committee.</strong></td>
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<tr>
<td>4</td>
<td>SJR 12</td>
<td>Proposes amendment to Oregon Constitution to allow Legislative Assembly to require that each administrative rule or amendment of administrative rule adopted by executive branch agency be approved by Legislative Assembly before taking effect. <strong>Died in committee.</strong></td>
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<tr>
<td>5</td>
<td>HB 2138</td>
<td>Extends sunset for tax credit for provision of volunteer emergency medical services in rural area. <strong>Both bills died in committee.</strong></td>
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<td>SB 204</td>
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<td>5</td>
<td>HB 2205A</td>
<td>Requires State Aviation Board in consultation with State Resilience Officer to develop a list of preparedness equipment that is needed throughout the state to address deficiencies in the ability of the state to respond to local and regional emergencies. Dept. of Aviation shall develop and administer an aviation resiliency assistance program to distribute preparedness equipment or funds to purchase preparedness equipment. <strong>Died in committee.</strong></td>
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<tr>
<td>5</td>
<td>HB 2206A</td>
<td>Requires State Fire Marshall to develop and administer a statewide program to evaluate the condition of buildings after an emergency and determine whether the buildings may be safely occupied (Oregon Safety Assessment Program.) <strong>Enrolled. Awaiting Governor's signature. Effective January 1, 2020.</strong></td>
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<tr>
<td>5</td>
<td>HB 2207A</td>
<td>Appropriates to Higher Education Coordinating Commission, $1,526,167 for distribution to the Oregon Campus Resilience Consortium for the purpose of implementing emergency response, continuity and recovery initiatives at post-secondary educational institutions in the state. <strong>Died in committee.</strong></td>
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<td>5</td>
<td>HB 2280</td>
<td>Requires agency to review effect of administrative rule every five years. <strong>Died in committee.</strong></td>
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<td>5</td>
<td>HB 2327</td>
<td>Establishes Statewide School Safety and Prevention System. Specifies functions of system. <strong>Died in committee.</strong></td>
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<td>5</td>
<td>HB 2345</td>
<td>Reduces public records request fees charged by state agencies by 50 percent if requester is member of news media, and waives fees entirely if request is narrowly tailored. <strong>Died in committee.</strong></td>
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<tr>
<td>5</td>
<td>HB 2431A</td>
<td>Requires each state agency to report to Attorney General, Public Records Advocate and public records subcommittee of Legislative Counsel Committee on number of public records requests received during preceding year, and number of those requests still outstanding after specified periods of time. <strong>Died in committee.</strong></td>
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<tr>
<td>5</td>
<td>HB 2418</td>
<td>Specifies certain presumptions as to cause of death, disability or impairment of health of fire service professional, public safety personnel or employee of public or private safety agency with duties related to firefighting, police, ambulance or emergency medical services in claim for benefits related to occupational disease under workers' compensation law. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>5</td>
<td>HB 2536</td>
<td>Establishes Oregon Public Places are Safe Investment fund. Continuously appropriates moneys in fund to Office of Emergency Management for implementation strategies for identifying and developing staging areas for emergency response. Creates advisory committee within office to provide recommendations and advice regarding expenditures from fund. <strong>Died in committee.</strong></td>
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<tr>
<td>5</td>
<td>HB 2735A</td>
<td>Establishes Task Force on Disaster Response and Recovery. Directs task force to identify locations suitable for emergency preparedness, response and recovery needs; identify projects that are necessary or advisable to prepare spaces for use for emergency purposes; identify projects that are necessary or advisable to prepare Redmond. <strong>Died in committee.</strong></td>
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<td>Municipal Airport and Oregon International Port of Coos Bay for use as primary transportation points in an emergency; identify other projects necessary or advisable to increase emergency resilience of this state; and assign priorities to determine funding requirements for projects. <strong>Died in committee.</strong></td>
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<tr>
<td>5</td>
<td><strong>HB 2809</strong></td>
<td>Directs Higher Education Coordinating Commission to establish competency-based education pilot program to assist public post-secondary institutions of education with expanding competency-based education. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>HB 3071</strong></td>
<td>Deletes residential address of public body employee or volunteer exemption from public record disclosure. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>HB 3245</strong></td>
<td>Requires Oregon Department of Administrative Services to reduce allotments to state agencies that report personnel positions that have remained vacant for continuous period of six months. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>HB 3363</strong></td>
<td>Directs Legislative Policy and Research Director to study methods for legislative oversight of administrative rules and report to appropriate committee or interim committee of Legislative Assembly no later than September 15, 2020. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>SB 355E</strong></td>
<td>Makes nonsubstantive and technical changes in Oregon law. Corrects grammar and punctuation. Deletes obsolete provisions. Conforms language to existing statutes and legislative style. Changes term “licentiate” to licensee in ORS 676.220 relating to health professions. <strong>Enrolled. Governor signed on March 27, 2019. Effective January 1, 2020.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>SB 379A</strong></td>
<td>Provides that conditioning employment on refraining from using any substance that is lawful to use in this state is unlawful employment practice. The A-Engrossed bill exempts certain health care professionals including EMS providers. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>SB 507</strong></td>
<td>Specifies certain presumptions as to cause of death, disability or impairment of health of fire service professional, public safety personnel or employee of public or private safety agency with duties related to firefighting, police, ambulance or emergency medical services in claim for benefits related to occupational disease under workers’ compensation law. <strong>Enrolled. Governor signed on June 13, 2019. Effective September 29, 2019.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>SB 665E</strong></td>
<td>Directs State Board of Education to adopt rules for administration of naloxone or any similar medication designed to rapidly reverse overdose of opioid drug. <strong>Enrolled. Governor signed on June 13, 2019. Effective January 1, 2020.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>SB 694</strong></td>
<td>Establishes Task Force on Rural Fire Protection District Community Development to study and develop recommendations for developing, enhancing or expanding ability of rural fire protection districts to facilitate community development efforts following natural disaster. <strong>Died in committee.</strong></td>
</tr>
<tr>
<td>Priority</td>
<td>Bill #</td>
<td>Bill Summary</td>
</tr>
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<tr>
<td>5</td>
<td>SB 910E</td>
<td>Requires retail or hospital pharmacy to provide written notice in conspicuous manner of availability of naloxone at pharmacy. Allows pharmacist, upon being presented with prescription for opiate or opioid of specified strength, to offer to prescribe and provide naloxone kit. Permits OHA to identify by rule other drugs that are subject to monitoring under prescription drug monitoring program. Permits OHA to review prescription monitoring information of individual who dies from drug overdose. <strong>Enrolled. Governor signed on June 20, 2019. Effective September 29, 2019.</strong></td>
</tr>
<tr>
<td>5</td>
<td>SB 1027E</td>
<td>Allow certain health care practitioners (including EMS providers) who receive needlestick injury during provision of medical care to patient who is unconscious or otherwise unable to consent to test patient for HIV for purposes of determining necessary course of treatment for health care practitioner. <strong>Enrolled. Governor signed on June 20, 2019. Effective September 29, 2019. Becomes operative on January 1, 2020.</strong></td>
</tr>
<tr>
<td>5</td>
<td>SB 1037</td>
<td>Establishes Transformational Resilience Task Force. Task force shall evaluate and quantify the impacts and costs for adults and youths living in Oregon that a lack of psychological, emotional and psychosocial resilience education and skills training have on individual and group responses to natural disasters and human caused disasters. <strong>Died in committee.</strong></td>
</tr>
</tbody>
</table>

**Priority level key**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Major:</strong> OHA introduced the bill; or bill adds a program, or drastically changes the way a program operates and has a significant fiscal impact and long-lasting policy implications that support or conflict with OHA mission or values.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Medium:</strong> There is fiscal impact that OHA cannot manage and OHA needs to implement an action if the bill passes, which may impact more than one OHA program, or includes significant rulemaking or program changes.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Minor:</strong> OHA can manage minimal fiscal or policy impact, or DHS/OHA needs to implement an action if the bill passes.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Relating Clause Only:</strong> Measure does not impact agency programs and operations as written. Track only because the bill has a broad “relating-to” clause and could be amended to impact OHA, or because bill has direct social determinant of health (SDoH) policy impact in at least one of the following areas: food insecurity, transportation, neighborhood and environmental conditions, and social exclusion and discrimination that may affect OHA clients.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Lurking Only:</strong> Measure does not impact any agency programs and operations as written. Relating-to clause is narrow, and bill is unlikely to be amended to impact the agency. Track only to learn the outcome of a measure.</td>
</tr>
</tbody>
</table>