



Oregon Stroke Care Committee Quarterly Meeting Minutes

2023 Quarter 3 | July 12, 2023

Chair Barri Stiber | Vice Chair Ritu Sahni

Appointed Committee Attendance

Absent	Theodore (Ted) Lowenkopf, MD	Neurology physician specializing in stroke care
Present	Elaine Skalabrin, MD	Neurology physician specializing in stroke care
Present	Ritu Sahni, MD	EMS Medical Director
Present	Christian Smith, MD	Physician specializing in emergency medicine
Present	Erika Schouten, RN	Hospital Administrator (or delegate)
Present	Barri Stiber, MSPT, MBA	Hospital Administrator (or delegate)
Absent	Dallas Holladay, DO	Hospital Administrator (or delegate)
Excused	Abigail Finetti, BSN, RN	Nurse with experience treating stroke
Excused	Jeff Mathia, P	EMS provider who works for a licensed ambulance service
Present	Viviane Ugalde, MD	Practitioner who specializes in rehabilitative medicine
Present	Anne Tillinghast	Advocate for stroke patients who is not a health care provider
		Rural Healthcare provider who provides emergency care of stroke

Oregon Health Authority Attendance

Dana Selover, MD; David Lehrfeld, MD; Stella Rausch-Scott, EMT; Peter Geissert, MS, MPH; Amani Atallah, P; Madeleine Parmley, RN; Rebecca Long, P

Public Attendance

Annette Newell, Carol Wilson, Danny Freitag, Diana Clark, Frank Ehrmantraut, Lauri Martinich, Natalie Swearingen

Call to Order – Barri Stiber

Meeting was called to order and quorum was not met until later in the meeting. The agenda was reviewed and items were switched to accommodate quorum voting.

Membership Review / Annual Training – Stella Rausch-Scott

Vacancies for the committee:

- Ted Farr – Woodburn Fire and EMS

Has applied and is in the process of being appointed for the position.

Appointed committee members are required to complete annual state committee training. This is due December 31, 2023.

Action Items	Annual training due December 31, 2023.
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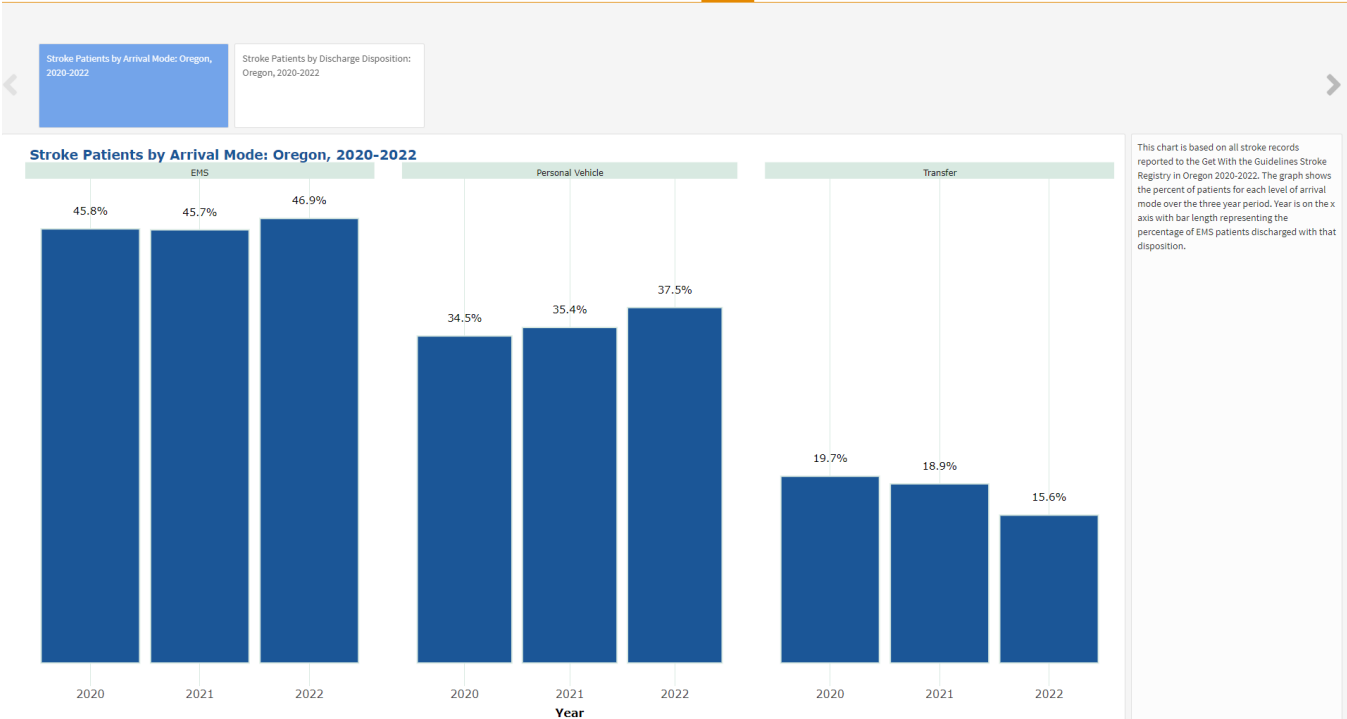
2023 Quarter 2 Minutes – Barri Stiber

2023 Quarter 2 meeting minutes were reviewed. No corrections were requested. Ritu Sahni made a motion to approve the minutes and Vivian Ugalde seconded the motion. Motion passed.

Oregon Get with the Guidelines – Stroke – Peter Geissert

Stroke patients by arrival mode 2020-2022

Oregon EMS & Trauma Systems Program, Public Health Division, Oregon Health Authority Last Updated: 2023-07-12 Summary **Patient** Performance Metrics



Stroke patients by discharge disposition

Stroke Patients by Discharge Disposition: Oregon, 2020-2022



Upward movement of patients beings discharged home

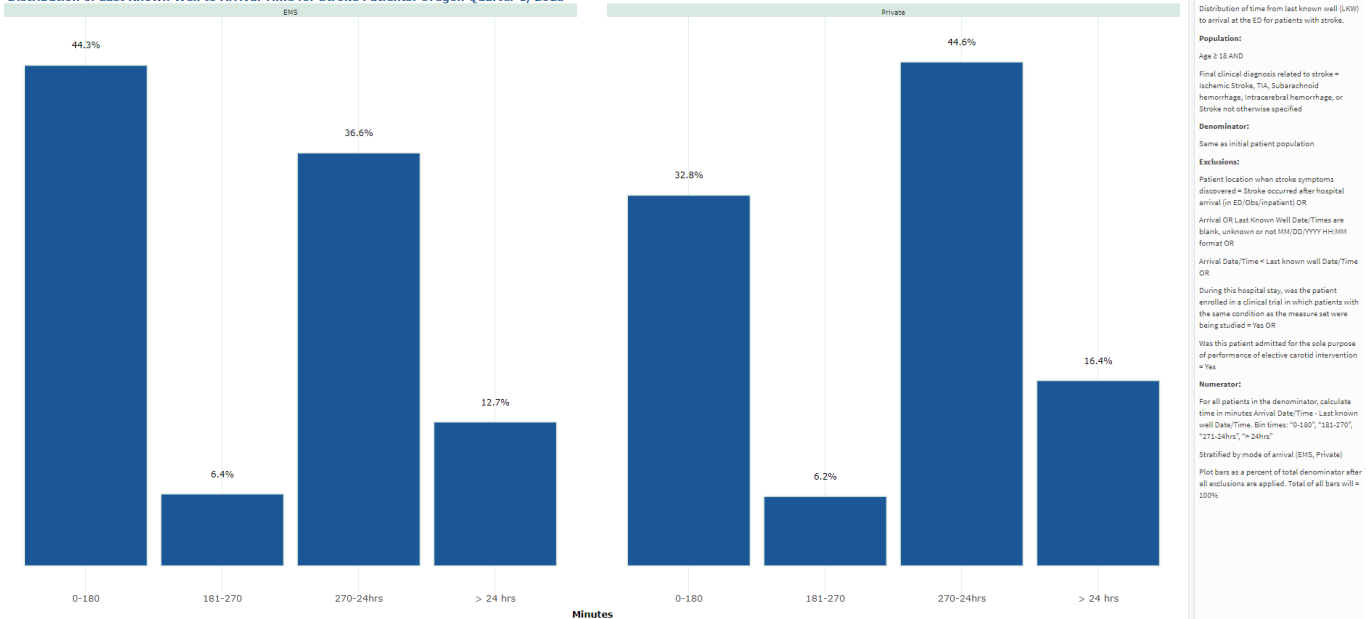
Noted that acute care numbers are also impacted by transfers

Many agree it would be helpful to have a method/technology to identify patient through the system, similar to trauma bands, so as to not count duplicate patients

Performance metric – treatment rate

Distribution of Last Known Well to Arrival Time for Stroke Patients Quarter 1 2023

Distribution of Last Known Well to Arrival Time for Stroke Patients: Oregon Quarter 1, 2023



Description:
Distribution of time from last known well (LKW) to arrival at the ED for patients with stroke.

Population:
Age ≥ 18 AND
Final clinical diagnosis related to stroke = Ischemic Stroke, TIA, Subarachnoid hemorrhage, intracerebral hemorrhage, or Stroke not otherwise specified

Denominator:
Same as initial patient population

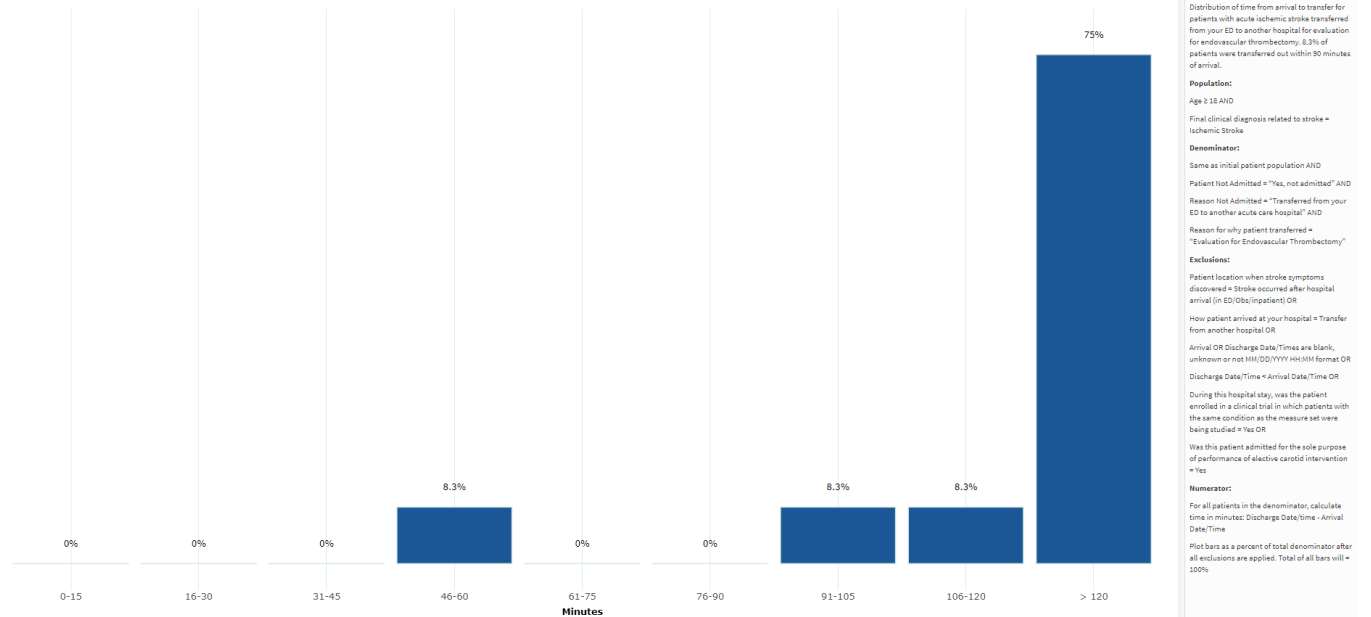
Exclusions:
Patient location when stroke symptoms discovered = Stroke occurred after hospital arrival (in ED/Outpatient) OR
Arrival OR Last Known Well Date/Time are blank, unknown or not MM/DD/YYYY HH:MM format OR
Arrival Date/Time = Last known well Date/Time OR
During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied = Yes OR
Was this patient admitted for the sole purpose of performance of elective carotid intervention = Yes

Numerator:
For all patients in the denominator, calculate time in minutes: Arrival Date/Time - Last known well Date/Time. Bin times: "0-180", "181-270", ">270-24hrs", "> 24hrs"

Stratified by mode of arrival (EMS, Private)
Plot bars as a percent of total denominator after all exclusions are applied. Total of all bars will = 100%

Distribution of door in door out for thrombolytic assessment ischemic stroke

Distribution of Door-In-Door-Out for Thrombolytic Assessment Ischemic Stroke Patients: Oregon Quarter 1, 2023



Description:
Distribution of time from arrival to transfer for patients with acute ischemic stroke transferred from your ED to another hospital for evaluation for endovascular thrombectomy. 8.3% of patients were transferred out within 90 minutes of arrival.

Population:
Age ≥ 18 AND
Final clinical diagnosis related to stroke = Ischemic Stroke

Denominator:
Same as initial patient population AND
Patient Not Admitted = "Yes, not admitted" AND
Reason Not Admitted = "Transferred from your ED to another acute care hospital" AND
Reason for why patient transferred = "Evaluation for Endovascular Thrombectomy"

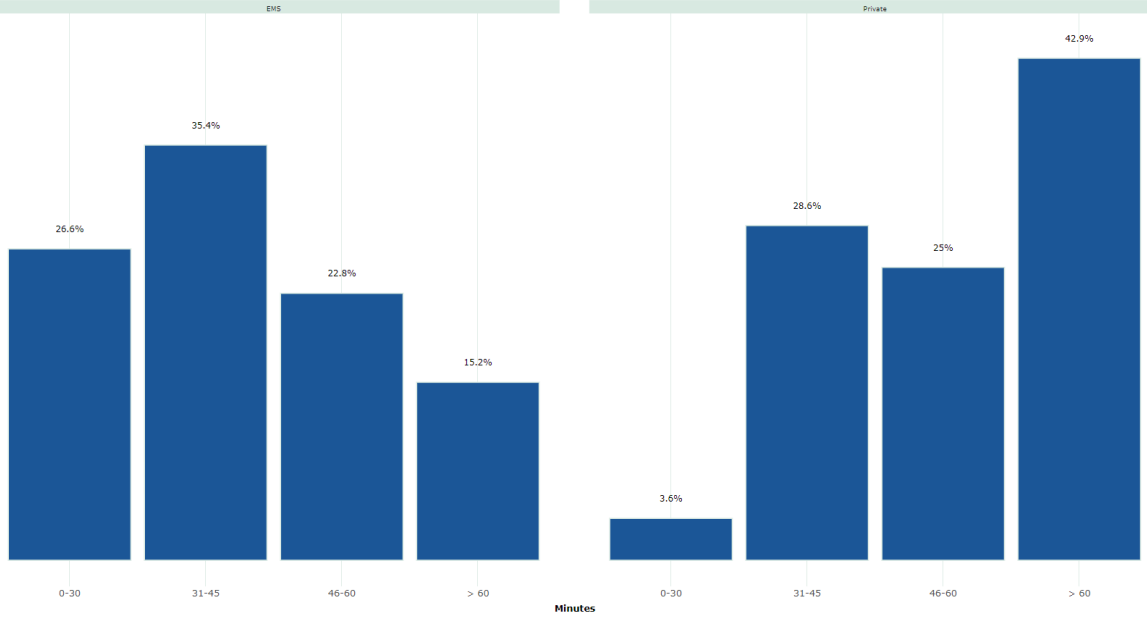
Exclusions:
Patient location when stroke symptoms discovered = Stroke occurred after hospital arrival (in ED/Outpatient) OR
How patient arrived at your hospital = Transfer from another hospital OR
Arrival OR Discharge Date/Time are blank, unknown or not MM/DD/YYYY HH:MM format OR
Discharge Date/Time = Arrival Date/Time OR
During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied = Yes OR
Was this patient admitted for the sole purpose of performance of elective carotid intervention = Yes

Numerator:
For all patients in the denominator, calculate time in minutes: Discharge Date/Time - Arrival Date/Time

Plot bars as a percent of total denominator after all exclusions are applied. Total of all bars will = 100%

Distribution Door to IV Thrombolytic Quarter 1 2023 EMS vs Private

Distribution Door to IV Thrombolytic: Oregon, Quarter 1, 2023



Description:
Distribution of time from door to IV thrombolytic for patients with acute ischemic stroke arriving within 4.5 hours of LHW or symptom discovery. For patients arriving by EMS 84.8% ≤ 60 minutes after arrival. For patients arriving by private vehicle 87.1% ≤ 60 minutes after arrival.

Population:
Age ≥ 18 AND
Final clinical diagnosis related to stroke = Ischemic Stroke

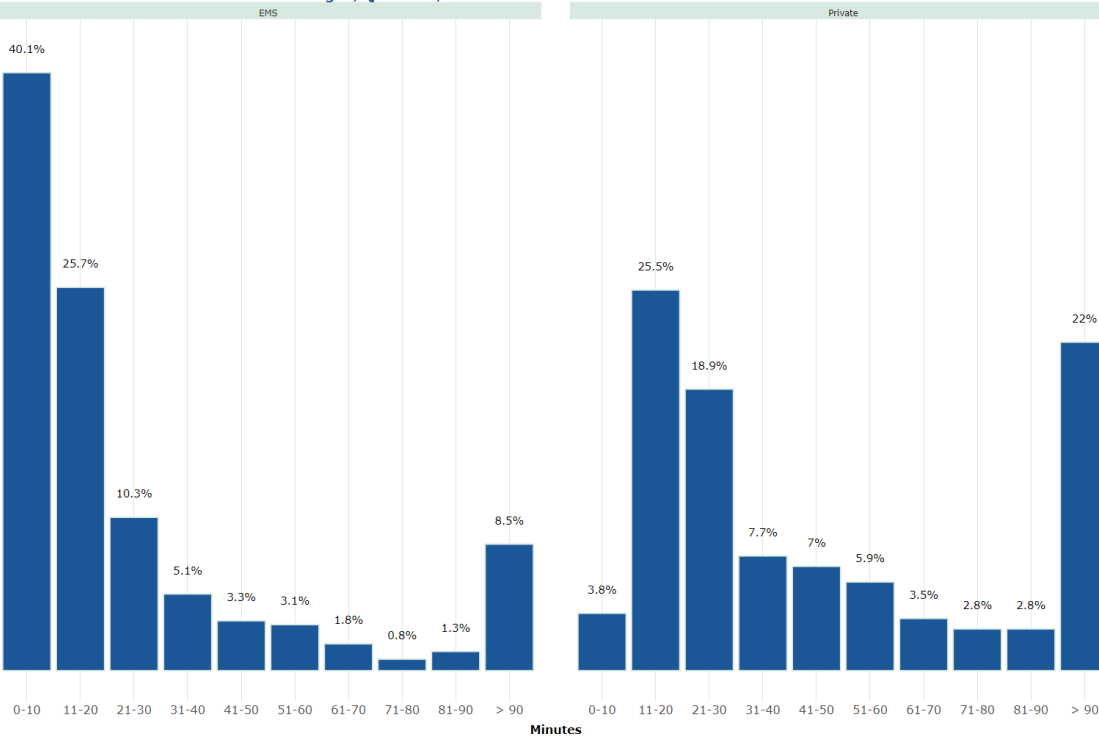
Denominator:
Same as initial patient population AND
IV thrombolytic initiated at this hospital? = Yes
Arrival Date/Time - Last known well Date/Time < 4.5 hrs

Exclusions:
Patient location when stroke symptoms discovered = Stroke occurred after hospital arrival (in ED/Obs/inpatient) OR
Arrival, Last known well, OR IV thrombolytic initiated Date/Times are blank, unknown or not MM/DD/YYYY HH:MM format OR
Date/Time IV thrombolytic initiated < Arrival Date/Time OR
Arrival Date/Time < Last known well Date/Time OR
During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied = "No" OR
Was this patient admitted for the sole purpose of performance of elective carotid intervention = Yes

Numerator:
For all patients in the denominator, calculate time in minutes: Date/Time IV thrombolytic initiated - Arrival Date/Time. Bin times: "0-30", "31-45", "46-60", ">60"
Stratified by mode of arrival (EMS, Private)
Plot bars as a percent of total denominator after all exclusions are applied. Total of all bars will = 100%

Distribution of door to CT scan, EMS vs Private

Distribution of Door to CT Scan Times: Oregon, Quarter 1, 2023



Description:
Distribution of time from door to first CT scan for all stroke patients. For patients arriving by EMS 65.8% ≤ 20 minutes after arrival. For patients arriving by private vehicle 29.4% ≤ 20 minutes after arrival.

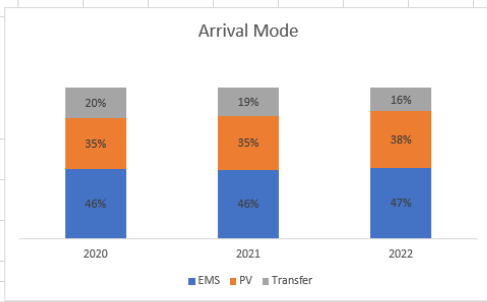
Population:
Age ≥ 18 AND
Final clinical diagnosis related to stroke = Ischemic Stroke, Transient Ischemic Attack (< 24 hours), Transient Ischemic Attack (< 24 hours), Subarachnoid Hemorrhage, Intracerebral Hemorrhage, Stroke not otherwise specified"

Denominator:
Same as initial patient population

Exclusions:
How patient arrived at your hospital = "Transfer from another hospital" OR
Patient location when stroke symptoms discovered = "Stroke occurred after hospital arrival (in ED/Obs/inpatient)" OR
Arrival OR CT Date/Time is blank, unknown or not MM/DD/YYYY HH:MM format OR
Time from Last Known Well to Arrival Date/Time < 24 OR
During this hospital stay, was the patient enrolled in a clinical trial in which patients with the same condition as the measure set were being studied = "Yes" OR
Was this patient admitted for the sole purpose of performance of elective carotid intervention = "Yes"

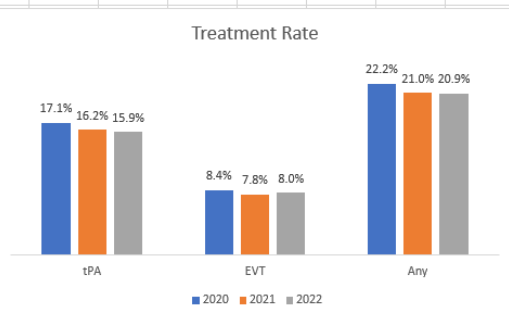
Numerator:
For all patients in the denominator, calculate time in minutes: Date/Time CT - Arrival Date/Time. Bin times: "0-10", "10-20", "21-30", "31-40", "41-50", "51-60", "61-70", "71-80", "81-90", ">90"
Stratified by mode of arrival (EMS, Private)
Plot bars as a percent of total denominator after all exclusions are applied. Total of all bars will = 100%

3-year review of GWTG Stroke data:



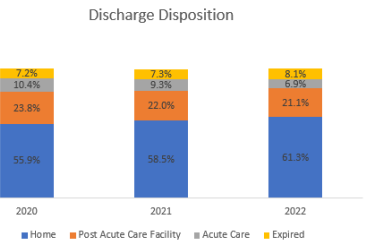
Benchmark Group	Time Period	Total Patients	EMS from home/scene	Stroke Unit (MSU)	Private transport/taxi/other from homes/hospital	Transfer from other hospital	ND or unknown	Mode of arrival is missing
OR	2020	8545	3913 (45.8%)	1 (0.0%)	2950 (34.5%)	1681 (19.7%)	0.00%	0.00%
OR	2021	8220	3757 (45.7%)	0.00%	2909 (35.4%)	1554 (18.9%)	0.00%	0.00%
OR	2022	8779	4115 (46.9%)	0.00%	3296 (37.5%)	1369 (15.6%)	0.00%	0.00%

	EMS	PV	Transfer
2020	46%	35%	20%
2021	46%	35%	19%
2022	47%	38%	16%



Benchmark Group	Time Period	Total Patients	IA catheter-based treatment at outside hospital	IA catheter-based treatment at this hospital for ED inpatients	IA catheter-based treatment at this hospital for inpatients	IV thrombolytic initiated at outside hospital and not initiated at this hospital	IV thrombolytic initiated at this hospital for ED patients	IV thrombolytic initiated at this hospital for inpatients	Any thrombolytic therapy
OR	2020	6060	41 (0.7%)	442 (7.3%)	27 (0.4%)	271 (4.5%)	735 (12.1%)	33 (0.5%)	1346 (22.2%)
OR	2021	6461	21 (0.3%)	461 (7.1%)	23 (0.4%)	277 (4.3%)	745 (11.5%)	27 (0.4%)	1356 (21.0%)
OR	2022	6256	14 (0.2%)	468 (7.5%)	20 (0.3%)	237 (3.8%)	734 (11.7%)	25 (0.4%)	1305 (20.9%)

Add percentages together			
	tPA	EVT	Any
2020	17.1%	8.4%	22.2%
2021	16.2%	7.8%	21.0%
2022	15.9%	8.0%	20.9%



Benchmark Group	Time Period	Total Patients	Acute Care Facility	Expired	Home	Hospice - Health Care Facility	Hospice - Home	Inpatient Rehabilitation Facility (IRF)	Intermediate Care facility (ICF)	Left Against Medical Advice/A	Long Term Care Hospital (LTCH)	Skilled Nursing Facility (SNF)	Other	Unspecified	Not Documented or Unable to Determine (UTD)
OR	2020	8814	921 (10.4%)	631 (7.2%)	4671 (53.0%)	110 (1.2%)	253 (2.9%)	866 (9.8%)	48 (0.5%)	118 (1.3%)	30 (0.3%)	1153 (13.1%)	13 (0.1%)	0.00%	0.00%
OR	2021	9232	858 (9.3%)	670 (7.3%)	5101 (55.3%)	117 (1.3%)	300 (3.2%)	886 (9.6%)	41 (0.4%)	142 (1.5%)	43 (0.5%)	1050 (11.4%)	10 (0.1%)	12 (0.1%)	2 (0.0%)
OR	2022	9348	647 (6.9%)	760 (8.1%)	5517 (59.0%)	106 (1.1%)	218 (2.3%)	894 (9.6%)	45 (0.5%)	128 (1.4%)	23 (0.2%)	988 (10.6%)	16 (0.2%)	4 (0.0%)	1 (0.0%)

add percentages				
	Home	Post Acute Care Facility	Acute Care Facility	Expired
2020	55.9%	23.8%	10.4%	7.2%
2021	58.5%	22.0%	9.3%	7.3%
2022	61.3%	21.1%	6.9%	8.1%

Time Period / Total Patients
 2020 = 6060 | 2021 = 6461 | 2022 = 6256
 tPA EVT Any

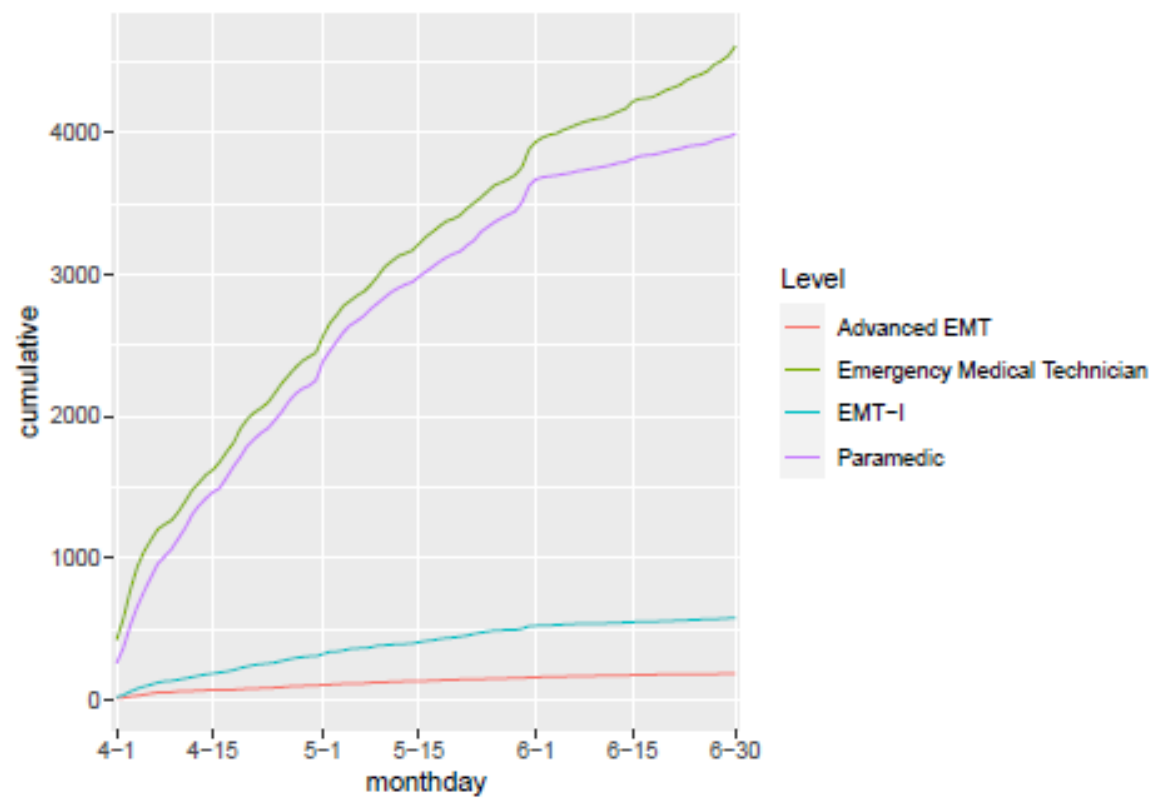
2020	17.1%	8.4%	22.2%
2021	16.2%	7.8%	21.0%
2022	15.9%	8.0%	20.9%

EMS/TS Director Update – David Lehrfeld, Dana Selover

2023 Legislation Session:
 Dana reviewed different bills that would have an impact in the Healthcare fields.

Relicensing period EMT, EMT-S, EMT-I, Paramedic
Provider Licensing

This chart shows the total number of provider renewal applications we received, grouped by provider type.

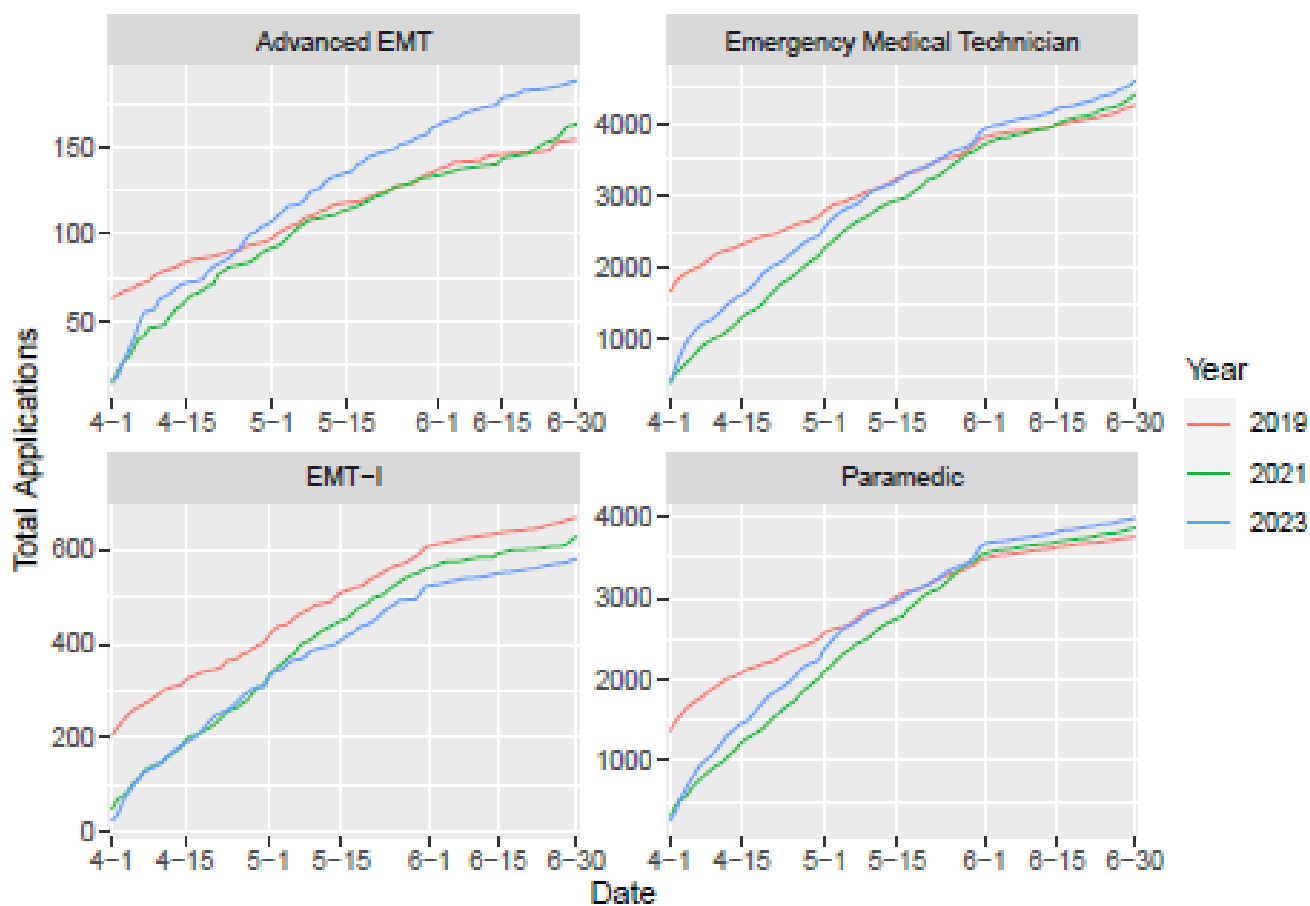


This table shows exact numbers of how many applications we have received and how many we have issued.

Level	Received	Issued
Advanced EMT	188	180
Emergency Medical Technician	4609	4387
EMT-I	582	574
Paramedic	3990	3913

Comparison with Previous Years

These charts show the total number of renewal applications we have received, grouped by year. Each chart shows how a different level of provider stacks up against previous years.



For exact numbers on a year-to-year comparison, see the table below.

Level	2019	2021	2023
Advanced EMT	154	163	188
Emergency Medical Technician	4264	4416	4609
EMT-I	669	629	582
Paramedic	3752	3866	3990
Total	8839	9074	9369

Review of 2023 Quarter 3 Report reviewed – attached

2023 Projects – Barri Stiber and Stella Rausch-Scott

Stroke Rehabilitation Survey

Dr. Vivian Ugalde is working with OHA to update the rehabilitation survey for the committee's workgroup. The survey has been shortened and questions optimized for the groups that responds.

Legislation Stroke Report

First section – acknowledgement of participants

Next committee formed under OHA public health division, lists objectives, capturing some of key activities in 2021 and 2022 calendar years, key findings

Explanation of additional sections in report

Dr. Lehrfeld discussed the various stroke information and which data sources should be utilized.

Peter discussed larger data set in the future.

Under recommendations – Time Sensitive Emergency Care Outlined by Regional Care – question as to intent, Stella clarified looking at this issue like ATABs.

Discussion that committee should be direct and request a Stroke System, support EMS Modernization, etc.

Recommendations would be covered with EMS Modernization and create a Stroke program.

Dana asked clarifying questions regarding biennial report and when due

Dr Stiber noted that once content is finalized, get report out to the group for consensus, minor edits, comments (approve content, not formatting) and then it could go forward

Dr Selover restates that it appears consensus on report provided today with moving forward as discussed.

Public Comment – Barri Stiber

Oregon Stroke Network annual conference September 21 and 22 2023, at Salem Conference Center <https://oregonstrokenetwork.org/index.php/home/about-us/upcoming-osn-events>

Meeting was adjourned.

QUARTER 2 REPORT | PUBLISHED JULY 2023

Data timeline for this report March 1, 2023 - May 31, 2023

EMS & TRAUMA SYSTEMS

PORTLAND STATE OFFICE BUILDING | 800 NE OREGON STREET, SUITE 465, PORTLAND, OREGON 97232-2162



EMS & Trauma Systems Contact information:

www.healthoregon.org/ems | 971-673-0520

Oregon EMS & Trauma Systems | EMS.TRAUMA@odhsoha.oregon.gov

Oregon EMS Professional Standards Unit | EMS.PSU@odhsoha.oregon.gov



State email domains are changing. Please note this is taking place over a period of time. Emails will still reach our office but make sure to update your contacts when noted.



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General EMS & Trauma Systems Manager's Update



The 2023 renewal season ended on June 30. Additional detail on EMS provider renewal numbers can be found down below.

The diligence, efficiency and professionalism demonstrated by the entire program contributed to the success of this renewal season.

We continue to passionately work on exciting system improvement projects, trailblazing competency-based education work, RFPs for the Trauma Registry and a new data science platform, and more. Recently, OHA EMS/TS was recognized and commended at the annual NASEMSO conference for our efforts in the NEMSIS 3.5.0 migration. Hats off to our data team!

In staffing updates, the EMS/TS Program is grateful for the assistance provided with renewal and investigations from former manager, Elizabeth Heckathorn. Elizabeth was hired as a temporary employee in April to assist the PSU in compliance work. Additionally, the program is also preparing to fill the vacant Program Analyst 2 position, which sits within the data team. Anticipated posting date is late August.

Finally, a special thanks to the EMS & Trauma Systems staff, committee members, and the EMS & Trauma community for your patience and grace as I settle into my new role.

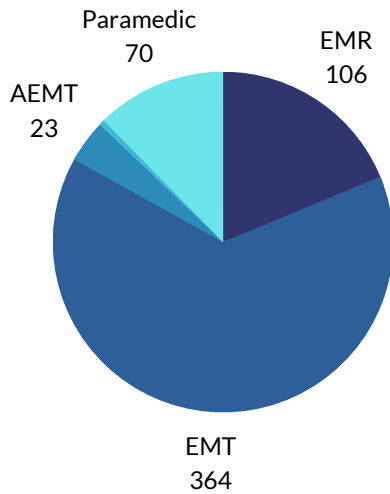
Happy Summer & Be Safe.

Amani

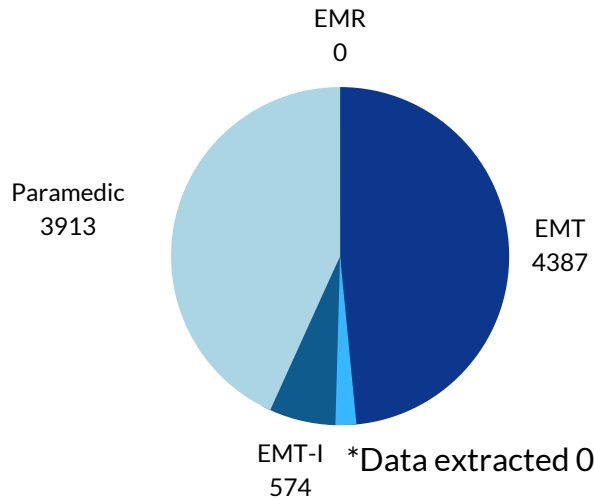
Professional Standards Unit (PSU)

2023 EMS Licensing and Relicensing Review

EMS Initial License Issued



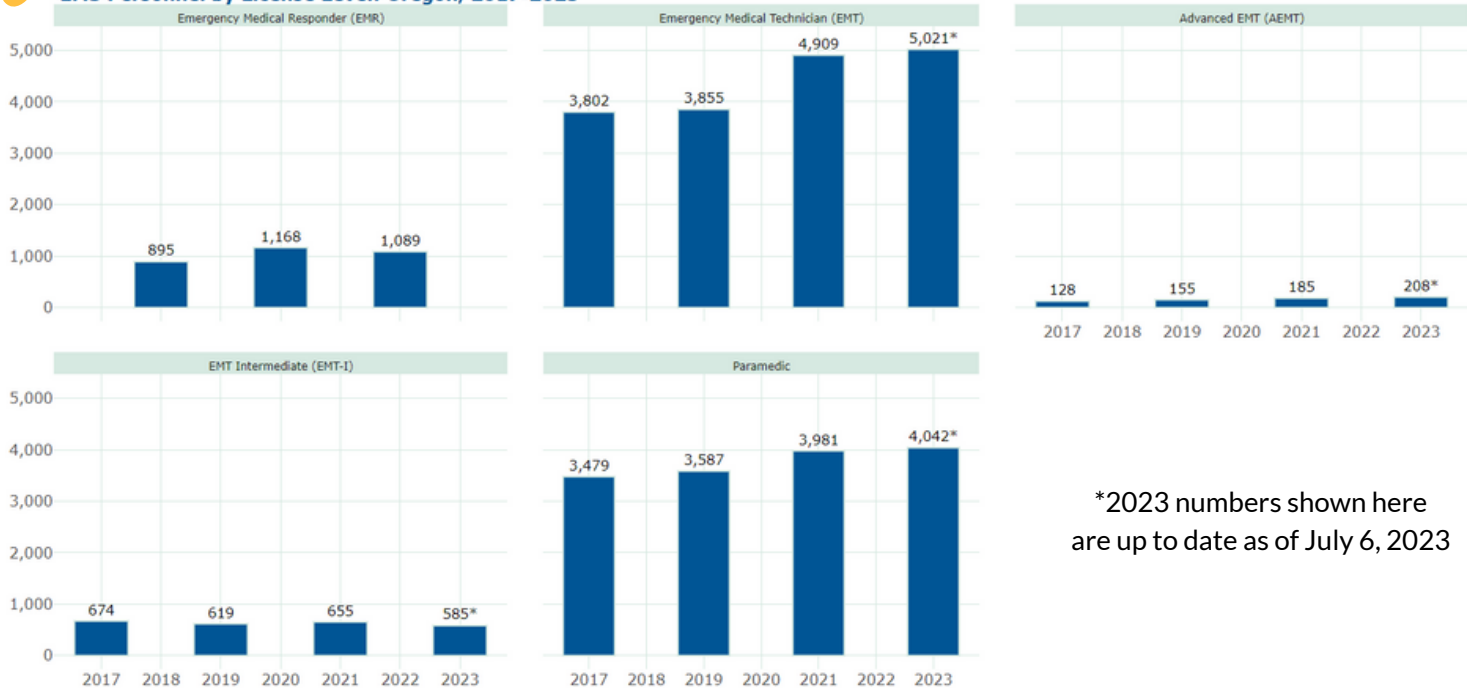
EMS Renewal License Issued*



*Data extracted 07-11-2023



EMS Personnel by License Level: Oregon, 2017-2023



*2023 numbers shown here are up to date as of July 6, 2023

This chart is a snapshot of license data for EMS personnel over the last 7 years. The data indicates that the workforce increased after 2020. The increase in licensed EMTs and Paramedics, is in part, reflective of the Emergency Initial Provisional License (EIPL) process whereby an applicant who is licensed or certified as an EMS provider in another state or has been issued a provisional certification from the National Registry of Emergency Medical Technicians (NREMT) may receive a short-term provisional license during a declared emergency or public health emergency. This process was initiated in response to the COVID-19 pandemic.

The annual numbers here were captured as the number of valid licenses on August 31st of each year in order to capture licenses following the renewal season for each license level. License numbers are reported for each level only in renewal years.

Summary of regulatory activities

- Investigations opened: 45
- Investigations closed: 31
- Investigations pending: 128
- Licensees currently on probation: 5
- Licensees reinstated: 5
 - EMR : 3
 - EMT: 5
 - Paramedic: 1
- Continuing education audits completed: 9

Actions

- Letter of concern issued: 14
- Letter of reprimand issued: 2
- Probation (stipulated agreement): 1
- No action taken / background cleared for approval: 10
- Closed inactive: 4
- Civil penalty issued: 0

Current Projects

- Working with the EMS team for ongoing revisions to the EMS Provider applications for improved design, function and value.
- Current rule revision and new rule development projects:
 - Initial EMS Provider education
 - Licensure of military spouse or domestic partner
 - Transitional Paramedic/AAS degree requirements
 - Ambulance service and vehicle licensure requirements
 - Oregon Medical Board Scope of Practice changes
- Working with the Subcommittee on Licensure and Discipline to revise current investigative policies and procedures.
- Updated Complaint Form can be found on the main EMS/TS webpage, under [Submit a Complaint](#). This new format will assist staff with the intake, processing, and tracking of complaints as they are submitted.

Medical Director | Supervising Physician Application Approval



- **Jonathan Jui (MD10722)** Sauvie Island Volunteer RFPD (2630)
- **Joe Kofoed (MD177649)** Agent for MD Ritu Sahni: Clackamas County SWAT Medical (0348), City of Lake Oswego (0316)
- **Mark Zeitzer (MD28003):** Brassroots Training Solutions (2442)
- **Michael Shertz (MD21695):** Vernonia Rural Fire Protection District (0505)

Ambulance and Services Licensing

New Ambulance Services

- Initial Service License Applications received: 0

New Ambulance Vehicles

- Initial License Applications received: 29
- Initial Licenses issued: 19
- Exception documents reviewed: 5

Variance/Waiver

- Variance/Waiver requests received approved: 0
- Number of ambulance services currently utilizing rural staffing [OAR 333-255-0070 \(4\)](#): 12

Ambulance Application and Form Updates

The Initial Ambulance Service License application is now available by request in the License Management System.

Updated survey checklists can be found on the [Ambulance Service and Licensing, Forms and Application webpage](#).

Variances

- There are currently 13 licensed ambulance services utilizing the rural staffing rule, per [OAR 333-255-0070 \(4\)](#).
- There is one volunteer licensed ambulance service approved to respond to an emergency scene without a full crew, per [OAR 333-255-0070 \(6\)](#).

Application and Form Updates

- The Initial Ambulance Service License application is available by request in the License Management System.
- Updated survey checklists can be found on the [Ambulance Service and Licensing, Forms and Application webpage](#).
- Ambulance services are now able to use a secure SharePoint process to upload pre-survey documentation for OHA-EMS review during an ambulance service survey. This process will be followed by a virtual or on-site survey of the facility, records and ambulance vehicles.

Ambulance Service Surveys

- Initial ambulance service survey conducted: 1
- Annual ambulance service surveys conducted: 4

Education & Examinations

Course Applications Approved

- EMR: 8

College course applications (2022-2023 academic year)

College course applications were processed at the beginning of the academic year.

Summary of the courses scheduled and in progress for the 2022-2023 academic year are:

- EMT: 4
- AEMT: 2
- EMT-I: 1
- Paramedic: 1
- National Registry Exams Conducted: 2 AEMT | 2 EMT-I



EMT Course Development Project

- Development of a competency-based assessment program for initial EMT courses is ongoing. Pilot testing of the framework components are ongoing. Eight key pillars of effective CBA systems identified in the literature are serving as the foundation for the Oregon program and will continue to inform the ongoing development of policies and processes for EMT education.



Trauma Program



Trauma Hospital Survey

2023 Quarter 2

2023 Year

Full: 2

Full: 6

Focused: 1

Focused: 5



- Quarterly meetings for trauma program managers, coordinators and registrars are ongoing, with good attendance and participation.
- Work has begun on updates for Trauma System Rules including Exhibit 4 and the preparation of a crosswalk to the new Resources for the Optimal Care of the Injured Patient, [2022 Standards](#). We are waiting to see if ACS adds an addendum to the 2022 Standards for Level IV trauma centers before commencing with the plans for a RAC.

Committee Information

Vacant Committee Positions

[Stroke Care Committee](#)

 No Vacancy

[EMS Committee](#)

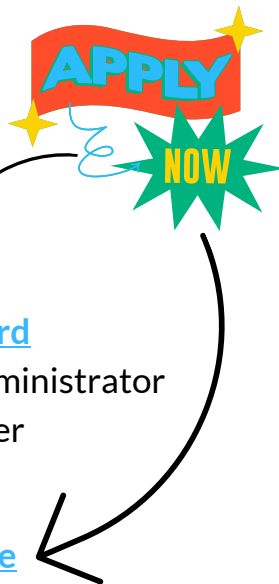
 No Vacancy

[State Trauma Advisory Board](#)

- Urban Area Hospital Administrator
- Urban Area EMS Provider
- PSAP Representative

[EMS for Children Committee](#)

- Tribal EMS representative



2023 State Public Meeting Information

Dates:

- [July 12, 13, 14 \(Virtual\)](#)
- October 11, 12, 13 (Hybrid)

[Meeting information - Attendance](#)

To be considered for an appointed position you must include:

- Current Resume or Curriculum Vitae
- Completed application

Oregon Emergency Medical Services for Children (EMSC)



Pediatric Equipment

Agencies that received equipment:

- Agness Illahe Rural Fire Protection District
- Blodgett Summit Fire Department
- Fairview Rural Fire Protection District
- Falls City Fire
- Glendale Ambulance District
- Pacific West Ambulance
- Sheridan Fire District
- Siletz Valley Fire District
- Turner Fire District
- Warm Springs Fire and Safety

Equipment Received:

- Tourniquets
- EMS communication card sets
- Pediatric Assessment sheets
- PEDIATAPES



Resources Available



www.pedsreadyprogram.org

Register for this FREE class!



August 17th (1200-1300) - [10 Common Abuse Presentations in the Emergency Department](#)

CME for physicians and CE for nurses and other medical professionals is available online for live and recorded sessions.

Patient Safety During Ambulance Transport



The National Association of State Emergency Medical Services Officials (NASEMSO) and the National Highway Traffic Safety Administration (NHTSA) Office of EMS launched a new cooperative agreement project focusing on the safety of children during ambulance transport. The project will focus on drafting crash test methodology to evaluate the safety of commercially available devices used to secure children in the back of an ambulance.

Oregon EMS Information System (OR-EMSIS)

Oregon Trauma Registry (OTR)

Data Quality Assurance

The 2023 NTDB updates have been implemented in TraumaOne.

Two new chalkboard items are available in the TraumaOne report writer to assist with updating records and data validation.

EMS and Trauma Data Quality tool development is ongoing. Some of this work will be highlighted in the 2022 EMS Annual Report as a special project.

NEMSIS 3.5 Implementation

Oregon was the 7th State in the nation to go live submitting NEMSIS 3.5 compliant data to the national database. As of the end of the 2nd quarter of 2023, 38 agencies are live on NEMSIS 3.5, and 15 more are in process. A schedule for agency transition is in place, onboarding additional agencies and vendors are scheduled through the end of the year. Resources with more information about NEMSIS 3.5 and the Oregon implementation plan are available through our [web site](#).

Oregon Trauma Registry RFP

A major focus for the EMS & Trauma Systems Program is the Oregon Trauma Registry Request for Proposal (RFP) process. The RFP is the bidding process through which vendors compete for contracts and is a requirement by the Department of Administrative Services (DAS). The RFP closed June 26th.

Reporting

Collaboration in reporting work:

- Trauma biennial report is still under review, anticipated publication in Q3 2023
- The 2021 EMS Annual report dashboard will be complete by the end of Q2, 2023.

Data Requests and Partnerships

In the second quarter of 2023, the Oregon EMS & Trauma Data Team have received two new projects project proposals from other OHA programs, state agencies, and outside research organizations including:

- Portland State University - Portland Equitable Resilience to Cascading Hazards (PERCH)
- University of Arizona - Gender Impact in Transportation-Related Injury Outcomes

Data Integration projects

- The Oregon EMS & Trauma Data Team are currently in development for a new OR-EMSYS – Oregon Trauma Registry integration to bring it into compliance with NEMSIS 3.5 national data standard update. This work will restore data exchange for ePCRs submitted under the NEMSIS 3.5 data standard.
- Work to implement the integration between the License Management System and OR-EMSYS has been resumed. Technical issues with the sync process have been resolved resulting in a more robust and functional integration. Since the beginning of the project, 314 agencies have been synced.
- The Oregon EMS & Trauma Systems Program has initiated a project with Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) to integrate EMS data into the Overdose Detection Mapping Application Program (ODMAP). This will provide a resource for monitoring trends and spatial patterns in drug overdose events.

Ambulance Service Plans (ASP) Review



In accordance with [OAR 333-260-0020\(7\)](#), the OHA EMS & Trauma Systems Program reviews county Ambulance Service Area (ASA) plans for compliance with state regulations at least once every five years. The OHA EMS & Trauma Systems Program is working with counties to ensure all ASA plans have been determined to be compliant with state rules within the past five years. Counties with outdated approvals are being prioritized for review.

Counties with approved plans

Clatsop
Lincoln
Malheur
Wasco
Washington

Currently Under OHA Review

Baker
Columbia
Gilliam
Klamath
Lake
Linn
Marion
Sherman
Umatilla

Counties with outdated ASPs - older than 5 years

Benton	Jefferson
Clackamas	Multnomah
Coos	Polk
Curry	Tillamook
Deschutes	Union
Douglas	Wheeler
Grant	Yamhill
Jackson	

Returned for Requested Revisions

Crook
Harney
Hood River
Josephine
Lane
Morrow
Wallowa

2022 Oregon CARES Overview



3,043 Sudden Cardiac Arrests Reported
103 - Traumatic Etiology | 2,940 Non-Traumatic

Bystander CPR



Bystander AED



LEO Initiated CPR



LEO Applied AED



10 PSAP Agencies

Call Received to CPR Recognition

91 Seconds*

Call Received to CPR Instructions

132 Seconds*

Call Received to 1st Compression

172 Seconds*

*mean



51 EMS Agencies Participating

33% Sustained Field ROSC

23% Initial Shockable Rhythm



1,608 Patients Brought to the Hospital

429 Patients Discharged Alive

401 Patients CPC 1 OR 2

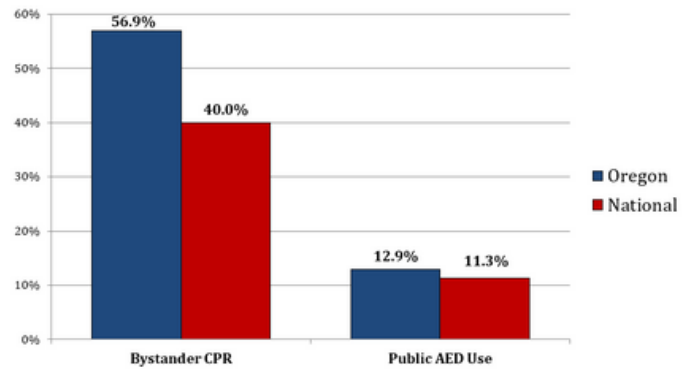


2022 REPORTS



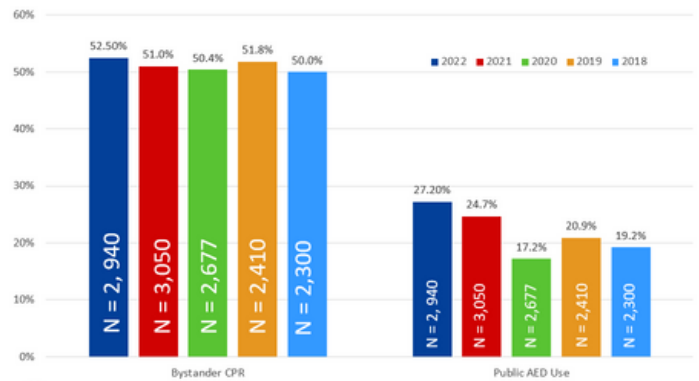
CARES
Cardiac Arrest Registry
to Enhance Survival

Bystander Intervention Rates



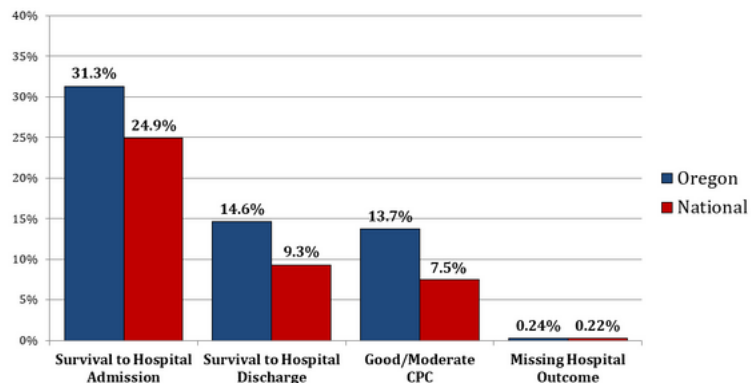
* Bystander CPR rate excludes 911 Responder Witnessed, Nursing Home, and Healthcare Facility arrests.
* Public AED Use rate excludes 911 Responder Witnessed, Home/Residence, Nursing Home, and Healthcare Facility arrests.

Bystander Intervention Rate



* Bystander CPR rate excludes 911 Responder Witnessed, Nursing Home, and Healthcare Facility arrests.
* Public AED Use rate excludes 911 Responder Witnessed, Home/Residence, Nursing Home, and Healthcare Facility arrests.

Survival Rates: Overall Survival



Rule and Legislation Update

Legislation

The 82nd Oregon Legislative Assembly convened the 2023 Legislative Session on January 17, 2023, and concluded on June 25, 2023. As of May 25, 2023, more than 2,900 bills have been introduced and prior to the first chamber deadline the Health Care Regulation and Quality Improvement section had been tracking more than 250 of those bills. After the deadline, the section is now tracking 110 of those bills, **67 of which may have some effect on the EMS and Trauma Systems Program.**

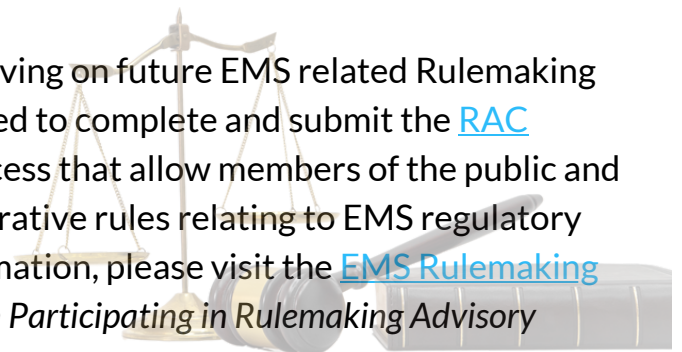
Please see the attached EMS Legislative Report for a selection of bills that impact or may be of interest to EMS agencies and providers.

Helpful links and information relating to the Oregon Legislature:

- [Oregon Legislative Information System \(OLIS\)](#)
- [Status Report for all legislative measures](#)
- [Viewing legislative public hearings \(scheduled or archived\)](#)
- [How Ideas Become Law](#)
- Sign up to receive email updates on legislative news and other information through [Capitol e-Subscribe](#)

Administrative Rules

- The EMS and Trauma Systems Program is convening the Paramedic License and Military Spouse/Domestic Partner Provisions Rule Advisory Committee (RAC). The first meeting was held on June 6th at 9:00 a.m. and a follow-up meeting is scheduled for June 21st at 9:00 a.m. Meeting agendas that include call-in information and meeting location as well as meeting notes can be found on the [EMS Rulemaking Activity web page](#) under 'Rulemaking Advisory Committees in Progress.' RAC meetings are not subject to the public meetings law. Members of the public may attend in person or virtually to listen to the discussion but may not participate or offer public comment during the RAC meeting. Persons may submit comments or questions at the conclusion of the RAC meeting to mellony.c.bernal@oha.oregon.gov. After the RAC process has concluded, a public hearing and written public comment period will be posted.
- Persons and communities interested in serving on future EMS related Rulemaking Advisory Committees (RAC) are encouraged to complete and submit the [RAC Interest Form](#). RACs are an important process that allow members of the public and communities who are affected by administrative rules relating to EMS regulatory functions to provide input. For more information, please visit the [EMS Rulemaking Activity web page](#) under 'General Interest in Participating in Rulemaking Advisory Committees.'





**Health Care Regulation and Quality Improvement
EMS & Trauma Systems Program
2023 Legislative Tracking**

Bill #	Priority	Bill Summary and Actions Necessary
HB 3126A	1	Emergency Behavioral Services for Children
<p>Establishes Emergency Behavioral Health Services for Children program in Oregon Health Authority to promote timely delivery of behavioral health services to children who present to hospital emergency departments in behavioral health crises. Directs authority to implement up to three pilot programs in three regions with one hospital per region willing to be Regional Child Psychiatric Center. Allows center to also open Child Psychiatric Emergency unit within pilot region with funding provided by authority. Adds to State Trauma Advisory Board and area trauma advisory boards representation from designated regions that participate in Emergency Behavioral Health Services for Children program. Prohibits insurance policies or certificates that reimburse costs of medical care from requiring prior authorization of treatment provided to individual presenting to Regional Child Psychiatric Center with behavioral health crisis or from denying coverage because health professional providing treatment is not credentialed with insurer offering policy or certificate. Referred to House Behavioral Health and Health Care Committee with subsequent referral to Ways and Means. Public hearing held on 3/14/2023. Work session held on 3/29/2023. The -3 amendment was adopted and the A-Engrossed bill was referred to the Joint Committee on Ways and Means by prior reference. Bill died in committee.</p>		
SB 495	1	Urgent Care Licensing
<p>Requires Oregon Health Authority to adopt rules for licensing urgent care centers and specifies requirements. Requires coverage of services provided by urgent care centers by health insurance that reimburses medical costs, plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board, health maintenance organizations and multiple employer welfare arrangements and establishes requirements for rates of reimbursement. Referred to Senate Health Care Committee. Bill died in committee.</p>		
SB 857	1	EMS Compact (REPLICA)
<p>Enacts Recognition of Emergency Medical Services Personnel Licensure Interstate Compact (REPLICA). Permits Oregon Health Authority to disclose specified information to Interstate Commission for EMS Personnel Practice. Exempts individuals authorized to work under compact's privilege to practice from requirement to obtain authorization from authority. Allows authority to use moneys to meet financial obligations imposed on State of Oregon as result of participation in compact. Takes effect on 91st day following adjournment sine die. Referred to Senate Business and Labor Committee. Public hearing held on 2/16/2023. Bill died in committee.</p>		
SB 60	2	AAS Requirement for Paramedic
<p>Prohibits Oregon Health Authority from requiring associate degree or higher for eligibility for licensure as emergency medical services provider. Takes effect on 91st day following adjournment sine die. Referred to Senate Health Care Committee. Public hearing held on 3/22/2023. Bill died in committee. The EMS & Trauma Systems Program has convened a Rule Advisory Committee to discuss Paramedic licensing</p>		

as well as temporary licensure for the spouse or domestic partner of military member stationed in Oregon and who is licensed as an EMS provider in another state.

HB 2395 Enrolled	3	Naloxone Omnibus Bill
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The -2 amendment changes term "naloxone" to "short-acting opioid antagonist." Allows law enforcement officers, firefighters, and emergency medical services providers to distribute and administer short-acting opioid antagonists. Establishes criminal and civil immunity for failure or refusal to distribute or administer short-acting opioid antagonist. Allows Public Health Officer or physician employed by Oregon Health Authority (OHA) to issue standing order to prescribe a short-acting opioid antagonist. Allows owner of building or facility open to the public to store short-acting opioid antagonist kit in location easily accessible to members of public. Requires OHA to publish on website list and locations of building and facilities for which OHA prioritizes provision of kits. Authorizes school administrator, teacher, and other school employees designated by school administrator to administer short-acting opioid antagonist to student experiencing opioid overdose without written permission of parent. Allows minor to obtain outpatient diagnosis or treatment of a substance use disorder, excluding methadone treatment, by a mental health care provider without parental consent. Exempts specified items, including pipes and single-use drug test strips from drug paraphernalia prohibitions. Repeals prohibition on providing hypodermic device to minor. Requires Oregon Prescription Drug Program administrator to undertake bulk purchases of short-acting opioid antagonists for purpose of expanding access to short-acting opioid antagonists throughout state by entities that serve vulnerable populations. Establishes Short-Acting Opioid Antagonist Bulk Purchasing Fund. Requires OHA to develop a plan for communication among local mental health authorities to improve notifications and information sharing when an individual 24 years of age or younger dies as a result of an opioid overdose. Establishes protocols and timelines for reporting of opioid overdose deaths. Establishes commission in OHA to study state's system for reporting opioid overdoses and requires commission to make recommendations to standardize and improve requirements for reporting opioid overdoses, streamlining the collection of data through reporting, and optimizing the use of data collected. Requires commission to report annually to Legislative Assembly. Declares emergency, effective on passage. **The A-Engrossed bill passed the House on 3/6/2023: Ayes – 48; Nays – 9; Excused – 3. The bill passed out of the Senate Health Care Committee with additional amendments and the B-Engrossed bill passed the Senate on 6/15/2023: Ayes, 22; Absent, 7; Excused, 1. The House concurred with the B-Engrossed bill on 6/24/2023: Ayes – 46; Nays – 3; Excused – 11. Awaiting Governor's signature. Effective: Upon passage.**

HB 2650A	3	Task Force on Reviewing Boards and Commissions
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Establishes requirements for informal workgroups and task forces. Directs Oregon Department of Administrative Services to establish program for compensating eligible members of informal workgroups and task forces. Appropriates moneys from General Fund to department for program. **Referred to House Emergency Management, General Government and Veterans Committee. Public hearing held on 3/2/2023. Amendments are being proposed. A work session was held on 4/4/2023 and the -2 amendment was adopted. The A-Engrossed bill has been referred to the Joint Committee on Ways and Means. Bill died in committee.**

HB 3065	3	Out-of-State Applicant Seeking Occupational License
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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. **Referred to House Business and Labor Committee. Bill died in committee.**

HB 3374	3	Vehicle Accident to Vehicle Crash
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Replaces references to vehicle accident and vehicle collision with vehicle crash. **Referred to House Transportation committee. Public hearing held on 3/23/2023. Bill died in committee.**

HB 3401	3	License by Endorsement
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Requires health professional regulatory board to issue authorization by endorsement to qualified applicant within 30 days of date health professional regulatory board receives application. Defines "health professional regulatory board." Takes effect on 91st day following adjournment sine die. Referred to House Behavioral Health and Health Care Committee. Bill died in committee.		
SB 11 Enrolled	3	Meeting Recordings Publish on Website
Requires state boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge. Excepts meetings lawfully conducted in executive session from requirement that meetings be published. Applies only to boards or commissions whose members are subject to Senate confirmation. The bill passed the Senate on 4/11/2023: Ayes – 28; Excused – 2. Bill was amended and the A-Engrossed bill passed the House on 5/23/2023: Ayes – 50; Nays – 1; Excused – 9. The Senate concurred with passage of the A-Engrossed bill on 6/15/2023: Ayes – 22; Absent – 7; Excused 1. Awaiting Governor's signature. Effective: January 1, 2024.		
SB 183A	3	Military Spouse Temporary Licensing within 30 days of Application
Establishes Purple Star School Program within Department of Education to recognize schools that provide certain support services to military-connected students. Defines "military-connected student." Provides qualifications for school to be designated Purple Star School. Requires professional licensing board to issue temporary authorization to provide occupational or professional service, or to provide reasons for decision to not issue temporary authorization, to spouse or domestic partner of member of Armed Forces of the United States within 30 days of receiving application. Referred to Senate Education with subsequent referral to Ways and Means. Public hearing held on 2/9/2023 and work session held on 3/2/2023. Committee adopted the -2 amendment and the A-Engrossed bill was referred to Joint Committee on Ways and Means. Bill died in committee.		
SB 325	3	License Predetermination
Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required. Specifies criteria for determining whether crime substantially relates to specific duties and responsibilities for which license is required. Specifies additional restrictions on licensing board's, commission's or agency's power to deny occupational or professional license. Permits person convicted of crime to petition licensing board, commission or agency at any time for determination as to whether conviction will prevent person from receiving occupational or professional license. Permits licensing board, commission or agency to charge reasonable fee for determination. Provides that final determination is binding upon licensing board, commission or agency unless, at time of petition, person has charges pending, failed to disclose previous crime or was convicted of crime after submitting petition. Requires notice to person before final determination that conviction will result in denial of occupational or professional license. Specifies additional rights of person and additional notice requirements. Prohibits employer, state agency or licensing board from taking certain actions on basis of record created or maintained under jurisdiction of juvenile court. Specifies exemptions. Provides that adjudication that youth is within jurisdiction of juvenile court does not forfeit any right or privilege or operate as disqualification from holding public office or pursuing or engaging in lawful activity, occupation, profession or calling. Provides that information about act committed by youth or adjudicated youth may be disclosed to victim of act and to and among law enforcement unit, district attorney, county juvenile authority and certain other entities. Referred to Senate Judiciary Committee. Bill died in committee.		
SB 517	3	License Predetermination
Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is		

required. Specifies criteria for determining whether crime substantially relates to specific duties and responsibilities for which license is required. Specifies additional restrictions on licensing board's, commission's or agency's power to deny occupational or professional license. Permits person convicted of crime to petition licensing board, commission or agency at any time for determination as to whether conviction will prevent person from receiving occupational or professional license. Permits licensing board, commission or agency to charge reasonable fee for determination. Provides that final determination is binding upon licensing board, commission or agency unless, at time of petition, person has charges pending, failed to disclose previous crime or was convicted of crime after submitting petition. Requires notice to person before final determination that conviction will result in denial of occupational or professional license. Specifies additional rights of person and additional notice requirements. **Referred to Senate Education Committee. Public hearing held on 3/28/2023 and work session held on 4/4/2023. The -1 amendment was adopted and the A-Engrossed bill was referred to the Joint Committee on Ways and Means. Bill died in committee.**

SB 539	3	TBI Classification and First Responder and Law Enforcement Training
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Requires Oregon Health Authority to conduct study and develop recommendations for classification system for traumatic brain injuries and training for first responders and law enforcement in identifying symptoms of traumatic brain injuries, acquired brain injuries and post-traumatic stress syndrome and training on appropriate referrals for services and treatment. Sunsets January 2, 2025. **Referred to Senate Health Care Committee. Bill died in committee.**

SB 694	3	Task force and work group membership
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Requires membership of task forces and work groups to be comprised at least 50 percent of community members and individuals who are members of or who represent community-based organizations. Requires membership of task forces and work groups to be comprised at least 25 percent of individuals who are or who represent organizations that serve historically underrepresented and marginalized communities or that provide culturally specific services. Requires members of task forces and work groups who are not otherwise compensated for task force or work group service be eligible for stipend as compensation for travel and time spent while serving on task force or work group. Establishes Task Force and Work Group Stipend Fund. Directs Oregon Department of Administrative Services to estimate amount of stipend each biennium based on estimated number of task force and work group participants and amount appropriated to fund for biennium, and to pay stipend to eligible claimants. Caps maximum amount of stipend. Appropriates moneys to Task Force and Work Group Stipend Fund. Declares emergency, effective July 1, 2023. **Referred to Senate Human Services Committee with subsequent referral to Ways and Means. Bill died in committee.**

SB 763A	3	Juvenile Records
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Prohibits employer, state agency or licensing board from taking certain actions on basis of record created or maintained under jurisdiction of juvenile court. Specifies exemptions. Provides that adjudication that youth is within jurisdiction of juvenile court does not forfeit any right or privilege or operate as disqualification from holding public office or pursuing or engaging in lawful activity, occupation, profession or calling. Provides that information about act committed by youth or adjudicated youth may be disclosed to victim of act and to and among law enforcement unit, district attorney, county juvenile authority and certain other entities. **Referred to Senate Judiciary Committee. Public hearing held on 2/14/2023. Work session held on 3/28/2023. The -2 amendment was adopted. The bill failed to get a Senate vote and did not get scheduled for second chamber hearing and work session. Bill died in committee.**

SB 824	3	Persons Purporting to Provide Treatment
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Prohibits person from advertising or representing to resident of this state through words, symbols or other oral or written communications in any medium that person operates as treatment center or provides or offers to provide treatment service in return for valuable consideration unless person has license, registration, certification or other authorization from Oregon Health Authority that authorizes person to operate as treatment center or provide particular treatment service and under which person must adhere to specified standard of care. Requires each of person's principals, employees, agents or contractors that provide or offer to provide

<p>treatment service directly to another person to have license, registration, certification or other authorization from authority or from state agency, commission or board under which principal, employee, agent or contractor has legal right, subject to adherence with specified standard of care, to provide particular treatment service. Takes effect on 91st day following adjournment sine die. Referred to Senate Health Care Committee. Bill died in committee.</p>		
SB 849A	3	Occupational licensing staff training
<p>Requires professional licensing boards to provide culturally responsive training to specified staff members, publish guidance on pathways to professional authorization for internationally educated individuals and waive requirement for English proficiency examination for specified internationally educated individuals. Prohibits Oregon Medical Board from imposing time limitation on completion of United States Medical Licensing Examination. Allows board to issue limited license to practice medicine to specified individuals for practice under supervision of other licensed physician. Establishes Internationally Educated Workforce Reentry Grant Program within Higher Education Coordinating Commission to award grants to specified entities that provide eligible career guidance and support services to internationally educated residents of Oregon who are seeking to enter Oregon workforce in certain professions. Declares emergency, effective July 1, 2023. Referred to Senate Labor and Business Committee. Public hearing held on 2/28/2023. Work session held on 3/14/2023. The -1 amendment was adopted and the A-Engrossed bill was referred to the Joint Committee on Ways and Means. Bill died in committee.</p>		
SB 1037	3	Health Care Administration License
<p>Allows Health Licensing Office to issue license to practice health care administration to qualified applicant. Defines "health care administration." Prohibits unlicensed practice of health care administration. Allows office to impose discipline for certain violations. Directs office to provide administrative and regulatory oversight to health care administration program. Imposes civil penalty for violation of licensure requirements. Takes effect on 91st day following adjournment sine die. Referred to Senate Health Care Committee. Bill died in committee.</p>		
SB 1053	3	Experience in lieu of High School Diploma
<p>Requires professional licensing board to consider experience in lieu of high school diploma or equivalent for licensure, certification or other authorization to provide certain occupational or professional services. Takes effect on 91st day following adjournment sine die. Referred to Senate Labor and Business Committee. Bill died in committee.</p>		
HB 2621	4	Task Force of Reviewing Boards and Commissions
<p>Establishes Task Force on Reviewing State Boards and Commissions. Directs task force to review certain boards and commissions that establish policies and oversee state agencies and make recommendations for any changes necessary in state statutes that can promote accountability and effectiveness in operations of state boards and commissions. Sunsets December 31, 2024. Takes effect on 91st day following adjournment sine die. Referred to House Emergency Management, General Government, and Veterans Committee with subsequent referral to Ways and Means. Bill died in committee.</p>		
HB 2743	4	Oregon Medical Coordination Center
<p>Appropriates moneys from General Fund to Oregon Health Authority for Oregon Medical Coordination Center. Declares emergency, effective July 1, 2023. Referred to House Behavioral Health and Health Care Committee with subsequent referral to Ways and Means. Public hearing was held on 2/7/2023. Work session held on 3/13/2023. Bill moved out of committee and was referred to Joint Committee on Ways and Means. Bill died in committee.</p>		
HB 2745	4	Oregon Capacity City

Requires Oregon Health Authority and Department of Human Services to adopt rules requiring long term care facilities and skilled nursing facilities to participate in Oregon Capacity System. Referred to House Behavioral Health and Health Care Committee. Bill died in committee.		
HB 2845	4	GEMT Study for Federal Funding
Requires Oregon Health Authority to study options to maximize federal funding for ground emergency medical transport program. Directs authority to submit findings to interim committees of Legislative Assembly related to health care not later than September 15, 2024. Referred to House Emergency Management, General Government and Veterans. Bill died in committee.		
HB 2861	4	Interoperative Volunteer Data Base
Directs Higher Education Coordinating Commission, Oregon Department of Emergency Management, Oregon Health Authority and Department of Public Safety Standards and Training to collaboratively plan and implement creation of interoperative, centralized electronic system to manage information about persons in Oregon who are available to serve as volunteers in case of emergency. Referred to House Emergency Management, General Government and Veterans. Bill died in committee.		
HB 3338	4	Restrict or Opt-Out of PHI Disclosure
Requires health insurers, state health plans, health care providers and other covered entities to comply with request of individual or personal representative of individual to restrict or opt out of disclosure of protected health information of individual. Provides exception for public health activities, cases of emergency or as required by federal law. Referred to House Behavioral Health and Health Care Committee. Bill died in committee.		
HB 3411	4	9-1-1 Emergency Reporting System Report
Directs Oregon Department of Emergency Management to develop report on 9-1-1 emergency reporting system. Sets forth topics and other requirements for report. Specifies stakeholders with whom department must collaborate. Requires department to submit report to interim committees of Legislative Assembly related to emergency management no later than September 30, 2024. Declares emergency, effective on passage. Referred to House Emergency Management, General Government and Veterans. Bill died in committee.		
HB 3426 Enrolled	4	9-8-8 Crisis Hotline Serving Firefighters and First Responders
Requires 9-8-8 crisis hotline centers to have policies and train staff on serving firefighters and other first responders. The bill passed the House on 4/11/2023: Ayes – 54; Excused – 6. Bill passed the Senate on 6/22/2023: Ayes – 24; Absent – 6. Awaiting Governor's signature. Effective: January 1, 2024.		
HB 3493	4	On-Call Shift Employees
Requires employer to compensate employee for on-call shift for which employee must remain on or near employer's premises or such that employee cannot use scheduled on-call hours for personal purposes. Referred to House Business and Labor Committee. Bill died in committee.		
SB 304A	4	Occupational Licensing Task Force
Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession. Referred to Senate Health Care Committee. Public hearings held on 1/31/2023 and 2/7/2023. Public hearing and work session held on 3/7/2023. Committee adopted the -1 amendment and the A-Engrossed bill was referred to the Joint Committee on Ways and Means. Bill died in committee.		
SB 538A	4	Payment for License Fees by Credit Card
Permits state agency to accept credit card as payment for charge or fee state agency imposes or collects for goods or services state agency provides to individual who is member of public and to add surcharge to amount person tenders to offset fees charged to state agency for accepting credit card as payment. Bill passed the		

Senate on 2/22/2023: Ayes – 23; Nays – 4; Excused – 3. Bill moved out of House committee and on the House floor was re-referred to Rules Committee. Bill died in committee.		
SB 746	4	Health Professional License Residency
Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession. Referred to Senate Health Care Committee. Bill died in committee.		
SB 1068 - Enrolled	4	Fire District Annexation
Authorizes board of directors of rural fire protection district to annex to district, under certain circumstances, lands that are within coverage area of district. Takes effect on 91st day following adjournment sine die. The bill passed the Senate on 4/13/2023: Ayes – 20; Nays – 8; Excused – 2. Bill passed the House on 5/25/2023: Ayes – 37; Nays – 11; Excused – 12. Governor signed on 6/7/2023. Effective: September 24, 2023.		
HB 2200	5	Vaccination Against COVID-19
Prohibits state agency from enforcing rules requiring vaccination against COVID-19. Declares emergency, effective on passage. Referred to House Behavioral Health and Health Care. Bill died in committee.		
HB 2508	5	PSAP Grant Program
Directs Oregon Department Office of Emergency Management to administer grant program in support of projects to consolidate and modernize or upgrade public safety answering points. Referred to Emergency Management, General Government, and Veterans Committee with subsequent referral to Ways and Means. Public hearing held on 3/14/2023. Work session held on 3/21/2023. Bill has moved out of committee and is heading to the Joint Committee on Ways and Means. Bill died in committee.		
HB 2757 Enrolled	5	Crisis Services System Funding
Expands and provides funding for coordinated crisis services system including 9-8-8 suicide prevention and behavioral health crisis hotline. Imposes unspecified tax on consumers and retail subscribers who have telecommunications service or interconnected Voice over Internet Protocol service and who have prepaid telecommunications services, to pay for crisis services system. Takes effect on 91st day following adjournment sine die. B-Engrossed bill passed the House on 6/22/2023: Ayes – 36; Nays – 17; Excused – 7. Passed the Senate on 6/25/2023: Ayes – 19; Nays – 6; Absent – 5. Awaiting Governor's signature. Effective: January 1, 2024.		
HB 2775	5	Oregon Disaster Recovery Authority
Establishes Oregon Disaster Recovery Authority. Provides that Governor may activate authority when declaring emergency. Directs authority, when activated, to coordinate initial crisis services, coordinate recovery and mitigation efforts and coordinate provision of emergency aid to local governments or private entities. Referred to House Emergency Management, General Government and Veterans Committee. Bill died in committee.		
HB 2789	5	License Portability for Military Families
Requires Oregon Military Department to study licensure portability for military families. Directs department to submit findings to interim committees of Legislative Assembly related to veterans and emergency management not later than September 15, 2024. Referred to Emergency Management, General Government, and Veterans Committee. Bill died in committee.		
HB 2847	5	Fire Service Professional Training Standards
Requires Department of Public Safety Standards and Training to study fire service professional training standards. Directs department to submit findings to interim committees of Legislative Assembly related to		

emergency management not later than September 15, 2024. Takes effect on 91st day following adjournment sine die. Referred to House Emergency Management, General Government and Veterans Committee. Bill died in committee.		
HB 2857	5	Oregon Disaster Recovery Authority
Establishes Oregon Disaster Recovery Authority. Provides that Governor may activate authority when declaring emergency. Directs authority, when activated, to coordinate initial crisis services, coordinate recovery and mitigation efforts and coordinate provision of emergency aid to local governments or private entities. Authorizes Governor, when authority is activated, to hire additional state agency personnel to perform duties related to emergency. Referred to House Emergency Management, General Government and Veterans Committee. Bill died in committee.		
HB 2860	5	Emergency Volunteer Grant Program
Directs Oregon Department of Emergency Management to develop and implement grant program, in consultation with OregonServes Commission, to support and expand community volunteer programs related to emergency management in Oregon. Declares emergency, effective on passage. Referred to House Committee on Emergency Management, General Government, and Veterans Committee with subsequent referral to Ways and Means. Bill died in committee.		
HB 2886	5	Health Care Profession Scope of Practice Review
Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care. Takes effect on 91st day following adjournment sine die. Referred to House Behavioral Health and Health Care Committee with subsequent referral to Ways and Means. Bill died in committee.		
HB 2919	5	Criminal Liability Immunity RNs
Provides that registered nurse providing patient care in good faith is immune from criminal liability for act or omission that is part of provision of care unless offense has intentional or knowing culpable mental state. Referred to House Judiciary Committee. A public hearing was held on 2/15/2023 and work session was scheduled for 4/3/2023. A -1 amendment was proposed that changed the provisions to an affirmative defense to the charge of criminal negligent homicide and added EMS providers if the medication error occurred while the defendant was responding to a mass casualty incident. Bill died in committee.		
HB 2942	5	COVID-19 Rule Enforcement
Prohibits state agency from enforcing rules adopted as result of state of emergency related to COVID-19. Declares emergency, effective on passage. Referred to Emergency Management, General Government and Veterans Committee. Bill died in committee.		
HB 2968	5	Repeals Laws Relating to Firearms
Repeals prohibition on carrying concealed firearm on person or possessing concealed, readily accessible handgun within vehicle. Authorizes entity that controls public building to adopt policy prohibiting possession of firearms within building by persons other than those exempted from prohibition under current law. Maintains exemptions from prohibitions and defenses to offenses for concealed handgun licensees under current law. Referred to House Judiciary Committee. Bill died in committee.		
HB 2990A	5	Community Resilience
Directs Oregon Health Authority to develop and implement grant program to support resilience hubs and networks in Oregon. Referred to House Climate, Energy, and Environment Committee with subsequent referral to Ways and Means. Public hearing held on 3/22/2023 and work session held on 3/27/2023. The		

-1 amendment was adopted and the A-Engrossed bill was referred to the Joint Committee on Ways and Means by prior reference. Bill died in committee.		
HB 3248	5	ATV Highway Operation
Permits person to operate Class I, Class III and Class IV all-terrain vehicles on highways that are not interstate highways if all-terrain vehicle meets vehicle equipment standards and all-terrain vehicle is registered. Directs Department of Transportation to permit optional registration for Class I, Class III or Class IV all-terrain vehicles if applicant provides satisfactory proof that all-terrain vehicle meets equipment standards for highway use. Referred to House Transportation Committee. Public hearing held on 3/9/2023. Bill died in committee.		
HB 3326	5	Changes Oregon Health Authority tot Oregon Department of Health
Changes name of Oregon Health Authority to Oregon Department of Health. Makes conforming changes. Becomes operative on January 1, 2024. Declares emergency, effective on passage. Referred to House Behavioral Health and Health Care Committee. Bill died in committee.		
HB 3562	5	Diploma Mill
Expands list of schools and entities included in definition of "diploma mill." Defines post-secondary accrediting agency to comply with current federal regulations recommending ending concept of regional accreditation. Referred to House Higher Education Committee. Bill died in committee.		
SB 408	5	Health Care Profession Scope of Practice Review
Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care. Takes effect on 91st day following adjournment sine die. Senate Health Care Committee with subsequent referral to Ways and Means. Public hearing held on 3/27/2023. Bill died in committee.		
SB 420 Enrolled	5	Brain Injury Advisory Committee and Services
Directs Department of Human Services to provide specified services to individuals with brain injuries and to convene Brain Injury Advisory Committee. Requires department to report to Legislative Assembly during odd-numbered year regular sessions on services provided and number of individuals served. Declares emergency, effective on passage. A Engrossed bill passed the Senate on 6/20/2023: Ayes – 24; Nays – 1; Absent – 5. Bill passed the House on 6/22/2023: Ayes – 53; Absent – 1; Excused – 6. Awaiting Governor's signature. Effective: Upon passage.		
SB 422A	5	Motorcycle Operation
Allows motorcycle operator to travel between lanes of traffic under certain conditions. The A-Engrossed bill passed the Senate on 3/21/2022: Ayes – 27; Nays – 2; Excused – 1. The bill was referred to the House Committee on Transportation. Public hearing held on 5/11/2023 but bill did not receive a work session and died in committee.		
SB 636	5	Face Covering Policies
Prohibits public bodies and business affiliates of public bodies from requiring person to wear face covering or discriminating against person on basis of failure or refusal to wear face covering. Referred to Senate Health Care Committee. Bill died in committee.		
SB 638	5	Vaccination Status Discrimination
Makes discrimination against individual based on vaccination history, individual's refusal to obtain vaccination or individual's failure to provide proof of immunity to communicable disease unlawful employment practice.		

Allows civil action for violation against unlawful employment practice. Referred to Senate Health Care Committee. Bill died in committee.		
SB 642	5	COVID-19 Passport Requirements
Prohibits public bodies and private entities from requiring person to receive COVID-19 vaccination or to possess COVID-19 immunity passport, immunity pass or other evidence certifying COVID-19 vaccination or immunity status. Prohibits public bodies and private entities from discriminating against person based on nonreceipt of COVID-19 vaccination or failure to possess COVID-19 immunity passport, immunity pass or other evidence certifying vaccination or immunity status. Referred to Senate Health Care Committee. Bill died in committee.		
SB 813	5	COVID-19 Vaccination and Other Related Requirements
Prohibits public bodies and private entities from requiring person to receive COVID-19 vaccination or to possess COVID-19 immunity passport, immunity pass or other evidence certifying COVID-19 vaccination or immunity status. Prohibits public bodies and private entities from discriminating against person based on nonreceipt of COVID-19 vaccination or failure to possess COVID-19 immunity passport, immunity pass or other evidence certifying vaccination or immunity status. Prohibits public bodies and private entities from interfering with certain rights on account of risks presented by COVID-19 pandemic. Referred to Senate Health Care Committee. Bill died in committee.		
SB 876	5	COVID-19 Vaccination
Prohibits state agency from enforcing rules requiring vaccination against COVID-19. Declares emergency, effective on passage. Referred to Senate Health Care Committee. Bill died in committee.		
SB 950	5	Ocean Beach Fund
Establishes Ocean Beach Fund. Directs that moneys received from state transient lodging tax in amount equal to one percent of tax collected at state recreation areas along ocean shore be transferred to fund for managing state recreation areas along ocean shore. Managing state recreation areas includes activities relating to emergency responses. Directs State Parks and Recreation Department to spend moneys from fund for expenses of managing state recreation areas along ocean shore. Takes effect on 91st day following adjournment sine die. Referred to Senate Natural Resources Committee with subsequent referral to Ways and Means. Bill died in committee.		
SB 1011	5	Speed Limits
Increases speed limit on Interstate 5 and on other highways. Referred to Senate Transportation Committee. Bill died in committee.		
SCR 9	5	Commendation for First Responders
Commending first responders for their heroic actions in fighting Santiam Fire. Referred to Senate Veterans, Emergency Management, Federal and World Affairs. Bill died in committee.		
Additional bills that may be of interest where public hearings have been held		
HB 2005 Enrolled	Undetectable firearms (ghost guns), age restrictions and local government regulations	
Defines "undetectable firearm." Punishes manufacturing, importing, offering for sale or transferring undetectable firearm by maximum of 10 years' imprisonment, \$250,000 fine, or both. Punishes possession of undetectable firearm by maximum of 364 days' imprisonment, \$6,250 fine, or both, and 10 years' imprisonment, \$250,000 fine, or both, upon second and subsequent convictions. Punishes [possessing,] offering for sale, selling or transferring firearm without serial number by maximum of \$1,000 fine upon first conviction, 364 days' imprisonment, \$6,250 fine, or both, upon second conviction, and 10 years' imprisonment, \$250,000 fine, or both, upon third and subsequent convictions. Punishes possession of firearm without serial		

<p>number occurring on or after September 1, 2024, by maximum of \$1,000 fine upon first conviction, 364 days' imprisonment, \$6,250 fine, or both, upon second conviction, and 10 years' imprisonment, \$250,000 fine, or both, upon third and subsequent convictions. Prohibits person under 21 years of age from possessing firearms and unfinished frames and receivers with specified exceptions. Punishes by maximum of 364 days' imprisonment, \$6,250 fine, or both. Establishes affirmative defense for person under 21 years of age who owned firearm before effective date of Act or who relinquished firearm prior to prosecution. Authorizes governing bodies of certain public entities that own or control public building to adopt policy, ordinance or regulation precluding affirmative defense for possession of firearm in or on public building by concealed handgun licensee. Provides that in prosecution for possession of firearm in or on public building subject to such policy, ordinance or regulation, concealed handgun licensee affirmative defense is not complete defense, but results in Class A misdemeanor conviction punishable by 364 days' imprisonment, \$6,250 fine, or both. Prohibits person from transferring certain firearms to recipient person knows, or reasonably should know, is under 21 years of age. Punishes by maximum of 364 days' imprisonment, \$6,250 fine, or both.</p> <p>B-Engrossed measure passed the House on 5/2/2023: Ayes – 35; Nays – 24; Excused – 1. Amended in Senate and C-Engrossed bill passed the Senate: Ayes – 17; Nays – 3; Absent – 9; Excused – 1. House concurred with C-Engrossed measure on 6/21/2023: Ayes – 34; Nays, 14; Excused – 12. Awaiting Governor's signature. Effective: Upon passage.</p>	
<p>HB 2278 Enrolled</p>	<p>Influenza Vaccine Administration for Children</p>
<p>Authorizes pharmacists to administer influenza vaccine to persons six months of age or older. Takes effect on 91st day following adjournment sine die. The bill passed the House on 2/14/2023: Ayes – 57; Nays – 3. Passed the Senate on 6/21/23: Ayes – 18; Nays – 6; Absent – 5; Excused – 1. Awaiting Governor's signature. Effective: January 1, 2024.</p>	
<p>HB 2294 Enrolled</p>	<p>Firefighter Apprenticeship Training</p>
<p>Establishes program within Apprenticeship and Training Division of Bureau of Labor and Industries to make grants to local service districts and local joint committees that develop and administer pilot projects for firefighter apprenticeship training. Directs bureau to report to interim committee of Legislative Assembly on effectiveness and success of pilot projects not later than December 31, 2026. Sunsets January 2, 2027. A-Engrossed bill passed the House on 6/13/2023: Ayes – 48; Nays – 9; Excused – 3. Bill passed the Senate on 6/22/2023: Ayes – 24; Absent – 6. Awaiting Governor's signature. Effective: January 1, 2024.</p>	
<p>HB 2520 Enrolled</p>	<p>Unmanned Aircraft Interference</p>
<p>Prohibits person from recklessly, knowingly or intentionally using unmanned aircraft system to interfere with wildfire suppression, law enforcement or emergency response effort. Imposes penalties for violation. The bill passed the House floor on 4/5/2023: Ayes – 56; Excused – 4. The bill passed the Senate on 6/21/2023: Ayes – 25; Absent – 5. Awaiting Governor's signature. Effective: January 1, 2024.</p>	
<p>HB 3076A</p>	<p>Safe Surrender</p>
<p>Extends safe surrender period for anonymously leaving infant at authorized facility to 60 days from infant's date of birth. Directs Department of Human Services to post and maintain signs informing public of authorized facilities and safe surrender provisions. Appropriates moneys to department for purpose of designing and posting signs. Measure passed House but failed in the Senate. House vote on 3/23/2023: Ayes – 57; Excused – 3. Senate vote on 5/1/2023: Ayes – 15; Nays – 13; Excused – 2.</p>	
<p>HB 3282</p>	<p>General Fund Appropriation to City of Gold Beach for Fire Fighting Facilities or Equipment</p>
<p>Appropriates moneys from General Fund to Oregon Department of Administrative Services for distribution to City of Gold Beach for purposes of relocating, constructing or acquiring firefighting facilities or equipment. Referred to Emergency Management, General Government and Veterans with subsequent referral to</p>	

Ways and Means. Public hearing held on 3/14/2023 and work session held on 3/16/2023. Bill passed out of committee and was referred to Joint Committee on Ways and Means. Bill died in committee.	
HB 3307 Enrolled	Workplace civil rights protections
Provides that individuals who participate in registered apprenticeship program or any private sector training program that provides job-specific skills training necessary for obtaining employment in skilled trade are in employment relationship with employer that sponsors or provides training for purposes of civil rights, discrimination, and harassment in the workplace protections. House vote on 4/12/2023: Ayes – 49; Nays – 1; Excused – 10. Senate vote on 5/2/2023: Ayes – 16; Nays – 12; Excused – 2. Governor signed on 5/19/2023. Effective: January 1, 2024.	
HB 3626 Enrolled	Safe Surrender
Extends safe surrender period for anonymously leaving infant at authorized facility to 60 days from infant's date of birth. House vote on 6/8/2023: Ayes – 50; Excused – 10. Referred Senate Rules and a public hearing and work session was held on 6/16/2023. Bill passed the Senate on 6/23/2023: Ayes – 24; Absent – 6. Awaiting Governor's signature. Effective: January 1, 2024.	
SB 216 Enrolled	Collection of REALD/SOGI Data
Creates an exception to ORS 181A.823 which prohibits public agencies from collecting data about an individual's immigration or citizenship status or country of birth, so that the OHA and the DHS may collect data related to the national origin in accordance with standards adopted by and advisory committee. The dash 1 amendment removes existing requirements from ORS 413.164 that data collected by licensed health care providers must be anonymized and aggregated to be shared, including data collected and shared between providers, the OHA, and coordinate care organizations, except as prohibited by other state and federal laws. Measure has passed. Senate vote on 3/13/2023: Ayes – 16; Nays – 13; Excused – 1. House vote on 4/27/2023: Ayes – 34; Nays – 20; Excused – 6. Governor signed on 5/8/2023. Effective: September 24, 2023.	
SB 411 Enrolled	Drug Take Back Disposal
Adds certain hospital, medical and infectious waste incinerators to facilities at which covered drugs under drug takeback program may be disposed of. Measure has passed. Senate vote on 3/28/2023: Ayes – 29; Excused – 1. House vote on 5/4/2023: Ayes – 54; Excused – 6. Governor signed on 5/16/2023. Effective: May 16, 2023.	
SB 907 Enrolled	Employee Right to Refuse
Provides employee with right to refuse to perform task assigned by employer under certain circumstances. Protects employee against disciplinary action for exercising right. Prohibits employer from retaliating or discriminating against employee for invoking right. Allows employee to use sick leave to cover period when employee is not working due to employee's exercising right to refuse to perform assigned task. The measure has passed. Senate vote on 4/13/2023: Ayes – 21; Nays – 8; Excused – 1. House vote on 5/25/2023: Ayes – 33; Nays – 15; Excused – 12. Governor signed on 6/7/2023. Effective: January 1, 2024.	