

EMERGENCY MEDICAL SERVICES PROGRAM



Emergency Medical Services Advisory Board

2025 Q1

February 14, 2025

Member Roll Call

State EMS Medical Director – Ex Officio	David Lehrfeld
Patient advocate or education professional	Jamie Kennel
EMS provider – private agency	Matt Philbrick
EMS provider – public agency	Jordan Tyer
Non-transport representative	Doug Kelly
Labor union representative	Kris Siewert
EMS provider – rural agency or rural hospital	Marcus Allen
County ambulance service area representative	Justin Gibbs
Special districts representative	Frank Ehrmantraut
Hospital administrator	Natalie Booker
Emergency department nurse	Misty Wadzeck
Public safety answering point representative	Kevin Harris
Emergency medicine physician	---
Long-term care facility representative	Nicolette Reilly
Public member	---
Patient health care advocacy group representative	---
Rural hospital representative	Trish Weber
Emergency medical services physician	Ritu Sahni
Third-party payer of health care insurance	---

Member Introductions

State your name and position on the board.

Share something personal or professional you are looking forward to in 2025.

Fill in the blank:

Achieving equity in emergency care in Oregon will require _____.

- Pick a word (like ‘data’ or ‘funding’) or short phrase (like ‘legislative action’ or ‘community partnerships’)
- Try to choose a response that’s different from other members, but we won’t be strict about it!

EMERGENCY MEDICAL SERVICES PROGRAM



Emergency Medical Services Advisory Board Overview

David Lehrfeld, MD and Dana Selover, MD MPH

EMSAB Overview

Oregon EMS Program

EMSAB – Statutory Charge

2025 Goals

Oregon EMS Program

EMS Systems

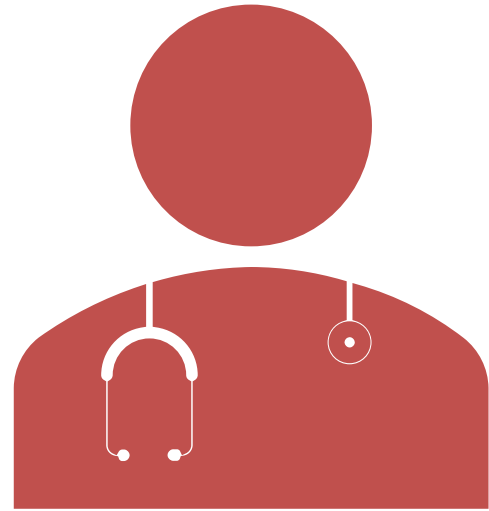
- Develop systems and measure performance
- Workforce support
- Advisory Boards and Committees

EMS Program

- Professional Standards oversight
 - EMS providers
 - Ambulance agencies and vehicles
 - Education
- EMS data systems
- Time-sensitive emergency systems
- EMS for Children Program
- Emergency preparedness

Oregon EMS Program – Oregon Laws Ch. 32, Section 2(2)

- The program is administered by a director who:
 - Is responsible for conducting **emergency medical services system oversight and implementing the recommendations of EMSAB.**
 - Shall apply funds allocated to the program in the following order of priority:
 - Development of state and regional **standards of care**;
 - Strengthening the state’s emergency medical services **workforce**;
 - Development of statewide **educational curriculum** to teach the standards of care;
 - Implementation of **quality improvement programs**; and
 - **Support for and enhancement of** the state’s emergency medical services.
 - May **adopt rules** as necessary to carry out the director’s duties and responsibilities described in this subsection.



Oregon EMS Program – Oregon Laws Ch. 32, Section 2(3)

- The program shall have a **State EMS Medical Director** who is the chairperson of the Emergency Medical Services Advisory Board established and who is responsible for:
 - Providing **specialized medical oversight** in the development and administration of the program;
 - Implementing emergency medical services **quality improvement measures**;
 - Undertaking **research and providing public education** regarding emergency medical services; and
 - **Serving as a liaison** with emergency medical services agencies, emergency medical services centers, hospitals, state and national emergency medical services professional organizations and state and federal partners

Oregon EMS Program – Oregon Laws Ch. 32, Section 2(4)

- The authority shall:
 - **Adopt rules** to establish statewide emergency medical services objectives and standards; and
 - Publish a **biennial report** regarding the program's activities.

EMSAB – Oregon Laws Ch. 32, Section 2(1)

The Emergency Medical Services (EMS) Program is established within the Oregon Health Authority for the purpose of **administering a comprehensive statewide emergency medical services system** developed by the **Emergency Medical Services Advisory Board (EMSAB)** and focused on emergency medical services and time-sensitive emergencies. The system includes:

- The development of state and regional **standards of emergency medical care.**
- The development of state, regional and interstate protocols for **patient transfers** using emergency medical services.
- The **training and licensing** of emergency medical services providers.

EMSAB – Oregon Laws Ch. 32, Section 2(1)

The system also includes:

- The development and management of emergency medical services **data systems**.
- The management and administration of state **workforce, recruitment and retention programs** related to emergency medical services.
- The regulation and administration of state reimbursement systems for emergency medical services. (to be removed)
- Requirements for reporting out measurable **performance and equity indicators** of emergency medical services within this state.

EMSAB – Oregon Laws Ch. 32, Section 3

The **Emergency Medical Services Program**, with the advice of the **Emergency Medical Services Advisory Board**, the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee and the Behavioral Health Emergency Medical Services Advisory Committee, shall:

- Coordinate with national health organizations involved in **improving the quality** of stroke, cardiac, trauma, pediatric and behavioral health care to avoid duplicative information and redundant processes;
- Use information related to stroke, cardiac, trauma, pediatric and behavioral health care to support **improvement in the quality of care** in accordance with guidelines that meet or exceed nationally recognized standards;
- Encourage the sharing of information among health care providers on **practices that improve the quality** of stroke, cardiac, trauma, pediatric and behavioral health care;
- **Facilitate communication about data trends and treatment developments** among health care providers and coordinated care organizations that provide services related to stroke, cardiac, trauma, pediatric and behavioral health care; and
- Provide stroke, cardiac, trauma, pediatric and behavioral health care **data, and recommendations for improvement to care**, to coordinated care organizations.

EMSAB – Oregon Laws Ch. 32, Section 5

The EMSAB shall provide advice and recommendations to the EMS Program on the following:

- A **definition of “patient”** for purposes of time-sensitive medical emergencies, pediatric medical emergencies, and behavioral health medical emergencies.
- **Evidence-based practices and standards** for emergency medical services care for defined patient types.
- Emergency medical services **workforce needs**.
- **Coordination of care** between healthcare specialties.
- **Other issues** related to emergency medical services as determined by the Oregon Health Authority and the EMS Program.
- The **appointment of the regional emergency medical services advisory boards**.
- **Approval of the regional emergency medical services plans**.

Oregon EMS Program – Oregon Laws Ch. 32, Section 10

The EMSAB, upon the advice of the Time-Sensitive Medical Emergencies Advisory Committee, the Emergency Medical Services Advisory Committee, the Pediatric Emergency Medical Services Advisory Committee and the Behavioral Health Emergency Medical Services Advisory Committee, shall

- determine the **nationally recognized classification standards** to recommend to the Oregon Health Authority to adopt as rules for **categorization and designation of emergency medical services centers** for the provision of trauma, stroke, cardiac, pediatric, and behavioral health care and other identified time-sensitive emergencies

EMSAB – 2025 Goals and Objectives

Q1

- Orientation and board formation
- Review and approve bylaws
- Elect Vice-Chair
- Establish initial Advisory Committee positions

Q2 + Q3

- Review and approve TSE state standards and corresponding Administrative Rules
- Support behavioral health integration

Q4

- Regional boards
- Advise on implementation of new TSE systems, workforce projects, and revised EMS regionalization systems



Break
(10 minutes)

EMERGENCY MEDICAL SERVICES PROGRAM



EMS ADVISORY BOARD BYLAWS

Review and Vote

Stella Rausch-Scott

ARTICLE 1

The name of this board is the Emergency Medical Services Advisory Board (EMSAB) which is established under [Oregon Law Chapter 32 \(OL CH 32\)](#).

ARTICLE 2

The Emergency Medical Services (EMS) Program is established within the Oregon Health Authority for the purpose of administering a comprehensive statewide emergency medical services system developed by the **Emergency Medical Services Advisory Board (EMSAB)** and focused on emergency medical services and time-sensitive emergencies. The system includes:

- The development of state and regional standards of emergency medical care.
- The development of state, regional and interstate protocols for patient transfers using emergency medical services.
- The training and licensing of emergency medical services providers.
- The development and management of emergency medical services data systems.
- The management and administration of state workforce, recruitment and retention programs related to emergency medical services.
- The regulation and administration of state reimbursement systems for emergency medical services.
- Requirements for reporting out measurable performance and equity indicators of emergency medical services within this state *the Pediatric Emergency Medical Services Advisory Committee* and *the Behavioral Health Emergency Medical Services Advisory Committee*, shall determine the nationally recognized classification standards to recommend to the Oregon Health Authority to adopt as rules for categorization and designation of emergency medical services centers for the provision of trauma, stroke, cardiac, pediatric, and behavioral health care and other identified time-sensitive emergencies

ARTICLE 2

The EMSAB shall provide advice and recommendations to the EMS Program on the following:

- A definition of “patient” for purposes of time-sensitive medical emergencies, pediatric medical emergencies, and behavioral health medical emergencies.
- Evidence-based practices and standards for emergency medical services care for defined patient types.
- Emergency medical services workforce needs.
- Coordination of care between health care specialties.
- Other issues related to emergency medical services as determined by the Oregon Health Authority and the [EMS Program](#).
- The appointment of the regional emergency medical services advisory boards.
- Approval of the regional emergency medical services plans.

ARTICLE 2

The EMSAB shall convene the following permanent advisory committees and associated subcommittees that shall inform and make recommendations to the board:

- Time-Sensitive Medical Emergencies Advisory Committee
 - Stroke Subcommittee
 - Cardiac Subcommittee
 - Trauma Subcommittee
- Emergency Medical Services Advisory Committee
- Emergency Medical Services for Children Advisory Committee
- Behavioral Health Emergency Medical Services Advisory Committee

ARTICLE 3

EMSAB shall consist of 19 members appointed by the Director of the OHA as follows:

State EMS Medical Director – Ex Officio
Patient advocate or education professional
EMS provider – private agency
EMS provider – public agency
Non-transport representative
Labor union representative
EMS provider – rural agency or rural hospital
County ambulance service area representative
Special districts representative
Hospital administrator
Emergency department nurse
Public safety answering point representative
Emergency medicine physician
Long-term care facility representative
Public member
Patient health care advocacy group representative
Rural hospital representative
Emergency medical services physician
Third-party payer of health care insurance

ARTICLE 4

- A. Terms of office and reappointment
 1. Members shall serve four-year terms, but serve at the pleasure of the OHA Director. No person shall serve more than two consecutive terms.
 2. Reappointments shall be made by the Director of OHA.
 3. Members interested in being reappointed to EMSAB shall notify the EMS Program and complete the reappointment application process.
- B. EMSAB members wishing to resign shall provide written notification to the EMS Program.
- C. The EMS Program will recruit and recommend members to the OHA Director to fill EMSAB vacancies.
- D. Before the expiration of a term of a member, the OHA Director shall appoint a successor whose term begins on January 1 of the next year.
- E. If there is a vacancy for any cause, the OHA Director shall make an appointment to become immediately effective for the unexpired term.
- F. Members are expected to attend all EMSAB meetings, unless excused by the Chairperson. When an EMSAB member is absent for two consecutive meetings, it may be recommended to the OHA Director to replace that EMSAB member with a new appointment.
- G. By the affirmative vote of at least 75 percent (14 of 18) of the voting members, the EMSAB may recommend to the OHA EMS Program that a member be removed from the board for neglect of board membership duties, for failure to attend meetings without just cause, for incompetence, or for unprofessional or dishonorable conduct. Notice will be provided to all EMSAB members at least 30 days prior to the board meeting where the vote will occur.

ARTICLE 5

- A. The officers shall consist of a Chairperson and a Vice Chairperson.
 - a. The Chairperson is the OHA EMS Program Medical Director and will preside at all meetings and conduct the business brought before the EMSAB.
 - b. The EMSAB shall elect a Vice Chairperson from its membership. The Vice Chairperson shall hold office for a period of two years and may be reelected for a maximum of two consecutive terms. The Vice Chairperson's duty is to preside over all meetings of the EMSAB when the Chairperson is absent.
 - i. Elections for the Vice Chairperson shall be held bi-annually (odd years) during the first meeting of the year.

ARTICLE 6

- A. The EMSAB shall meet ...
- B. To conduct official business at meetings of EMSAB, there must be a quorum of fifty percent plus one of positions eligible to vote.
- C. Votes by at least fifty percent plus one of the appointed voting EMSAB members are required for EMSAB to approve an official action.
- D. EMSAB members are expected to attend and participate in all board meetings. For in-person meetings, EMSAB members are requested to attend in-person, if at all possible, but a virtual option will be provided.
- E. EMSAB members, who qualify, are entitled to compensation and expenses incurred for attending the committee meeting as provided in ORS 292.495(4)(b).
- F. Members traveling from outside the Portland-metro area may be reimbursed for travel expenses such as mileage, lodging, and per diem. Reimbursement amounts are based on state of Oregon per diem meal and lodging allowances and state travel expense rules. Reimbursement requests will be submitted through the EMS Program reimbursement platform.
- G. The EMSAB shall operate under the current version of the State of Oregon Department of Justice Attorney General's Public Records and Meetings Manual. These rules shall govern in all cases to which they are applicable, and in which they are not contradictory to the EMSAB Bylaws.

ARTICLE 6

- A. EMSAB members shall comply with all applicable state ethics laws.
 - a. When faced with a potential conflict of interest, EMSAB members shall announce publicly the nature of the potential conflict prior to engaging in any deliberations or taking any action thereon, the potential conflict of interest on an issue before the board and the nature of the potential conflict.
 - b. When faced with an actual conflict of interest, EMSAB members shall announce publicly the nature of the actual conflict. If a member's vote is necessary to meet a requirement of a minimum number of votes to take official action, the member is eligible to vote, but not to participate in any discussion or debate on the issue out of which the actual conflict arises.
 - c. EMSAB members shall declare any direct interest of potential financial gain for any issue to be discussed. Conduct of members shall be consistent with ORS 244.010 to ORS 244.130 and the Oregon Government Standards and Practices Laws.

VOTE

The EMSAB shall meet ...

Option 1 - “at the request of the Chairperson.”

Option 2 - “at the convening of the Chairperson.”

Option 3 - “when called to order by the Chairperson.”

Option 4 - “at minimum two meetings a year.”

ARTICLE 7

- A. EMSAB may form subcommittees to complete specific tasks within the jurisdiction of the board. Subcommittees must work within the rules and guidelines established by the full board and follow the current version of the Oregon Department of Justice Attorney General's Public Records and Meetings Manual.
- B. The Chairperson may form workgroups. Workgroups are subgroups of the committee that may be requested by any board member and appointed by the Chairperson to work on a task or project. Workgroups may utilize subject matter experts who are not members of the committee.
- C. EMSAB may create subcommittees based upon the operational needs of the EMSAB, as a whole, and choose board members to participate.
- D. Subcommittees are required to meet under the Oregon Public Meeting laws.
- E. Subcommittee members will receive compensation or expenses if they qualify under ORS 292.495(4)(b).
- F. Members of a subcommittee or workgroup will determine the workplan and individual tasks. The subcommittee or workgroup will present results and/or recommendations to the EMSAB. No final actions or decisions will be made by the subcommittee or workgroup.

ARTICLE 8

- A. These Bylaws will remain in effect until such time the OHA EMS Program or EMSAB chooses to recommend changes, and the board approves such changes.
- B. The EMSAB must vote by a majority of all members to open these Bylaws for changes.
- C. All changes to the Bylaws must be a majority of all members.

ARTICLE 9

A. Robert's Rules of Order shall govern in all cases to which they are applicable and in which they are not inconsistent with these bylaws and special rules.

VOTE

Request for a vote to approve the bylaws as discussed today with any requested changes.

Vice Chairperson Election

1. Nomination
2. Acceptance of nomination
3. Motion
4. Second
5. Vote

Lunch Break (45 minutes)

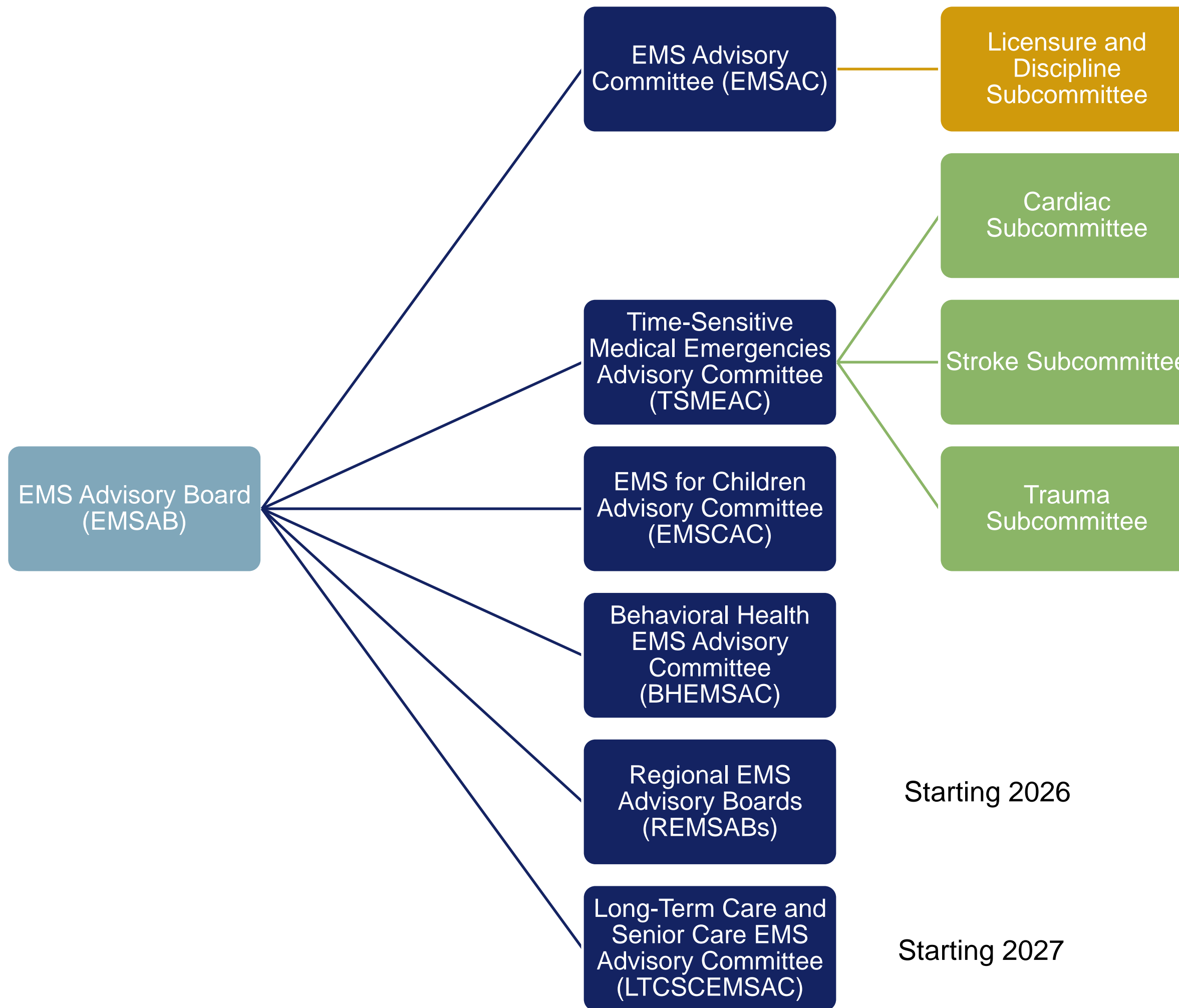


EMERGENCY MEDICAL SERVICES PROGRAM



Advisory Committees: Overview and Proposed Membership

Stella Scott
Nicole Perkins
Rachel Ford



EMSAB – 2025 Goals and Objectives

Q1

- Orientation and board formation
- Review and approve bylaws
- Elect Vice-Chair
- Establish initial Advisory Committee positions

Q2 + Q3

- Review and approve TSE state standards and corresponding Administrative Rules
- Support behavioral health integration

Q4

- Regional boards
- Advise on implementation of new TSE systems, workforce projects, and revised EMS regionalization systems

Emergency Medical Services Advisory Committee (EMSAC)

- Provide advice and recommendations to EMSAB and the EMS Program on:
 - Regionalization and improvement of emergency medical services, including the coordination and planning of emergency medical services efforts
 - Adoption of rules related to emergency medical services
- Convene a permanent advisory subcommittee on the licensure and discipline of emergency medical services providers

(New iteration of the State EMS Committee)

Emergency Medical Services Advisory Committee (EMSAC)

Statutory Membership:

- Physician who practices emergency medicine or emergency medical services medicine
- EMS provider
- Patient equity organization representative or an academic professional specializing in health equity

Proposed Additions:

- Physician (EM or EMS) x3 (4 total)
- EMS provider x4 (5 total)
 - One seat for someone practicing in healthcare settings other than traditional 911 response
- Private ambulance agency representative
- Public ambulance agency representative
- EMS education representative
- Public safety answering point representative
- County ambulance service plan administrator
- Rural law enforcement representative
- Oregon Department of Transportation representative

EMSAC: Licensure & Discipline Subcommittee

Statutory Membership:

- None specified

Proposed Additions:

- Physician x3
- EMS provider x4
 - EMS provider majority to encourage peer-to-peer atmosphere
 - Seats could be filled by any active provider on the EMSAC (e.g., agency or education representatives), not restricted to those in provider-specific seats

EMSAC and its L&D Subcommittee

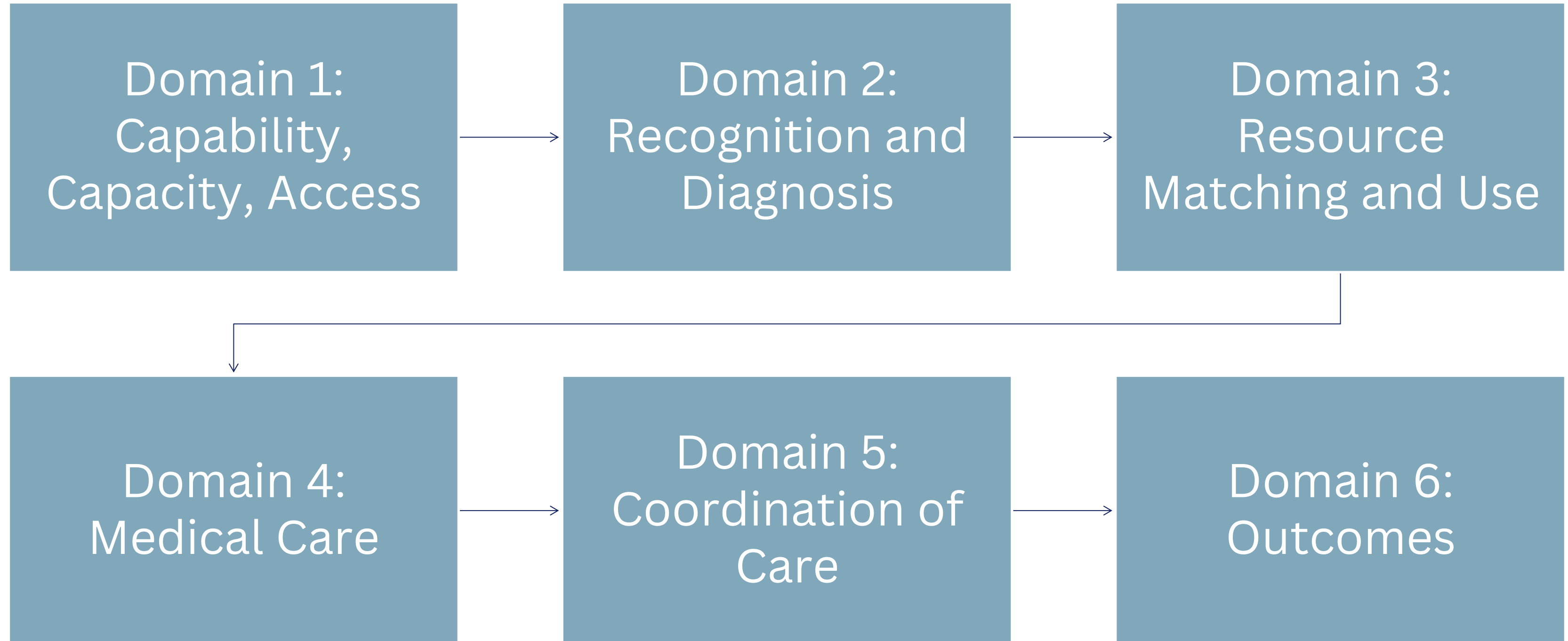
VOTE:

Approve as proposed or
with board members'
suggested modifications

Time-Sensitive Medical Emergencies Advisory Committee (TSMEAC)

- Provides advice and recommendations to EMSAB and the EMS Program on:
 - Regionalization and improvement of care for time-sensitive medical emergencies.
 - Designation of emergency medical services centers for the provision of care for time-sensitive medical emergencies, using nationally recognized classifications where possible.
- Analyzes data related to care for cardiac, stroke, trauma, and other identified time-sensitive emergencies.
- Identifies inequities in the provision of care and provide recommendations to resolve the identified inequities.
- Convenes three permanent subcommittees focused on stroke, cardiac, and trauma emergency care.

TSMEs: Building Regionalized Systems of Care



TSME Anticipated Workflow

- 2025: Development of state standards
 - Specialty subcommittees discuss → TSME main committee affirms → EMSAB approves
 - Universal point-of-entry protocols (e.g., Exhibits 2 and 3 for trauma)
 - Standards to guide patient care (e.g., ATLS)
 - Administrative rulemaking
- 2026: Regional plans
- 2027: Facility designations

Stroke subcommittee (11):	Cardiac subcommittee (11):	Trauma subcommittee (11):
Stroke neurologist (comprehensive stroke center)	Cardiologist	Trauma medical director
Stroke neurologist (primary stroke center)	Interventional cardiologist	Trauma surgeon
Interventional stroke neurologist	Cardiothoracic surgeon	Pediatric physician
ED physician	ED physician	ED physician
EMS medical director	EMS medical director	EMS medical director
Rehabilitation specialist	Rehabilitation specialist	Rehabilitation specialist
Patient advocate/educator/injury prevention coordinator	Patient advocate/educator/injury prevention coordinator	Patient advocate/educator/injury prevention coordinator
Nurse	Nurse	Nurse
Nurse	Nurse	Nurse
Nurse	Nurse	Nurse
Hospital administrator	Hospital administrator	Hospital administrator

*rural telehealth representation

TSMEAC: Stroke Subcommittee

Statutory Membership:

- None specified

Proposed Additions:

- Stroke neurologist (comprehensive stroke center)
- Stroke neurologist (primary stroke center)
- Interventional stroke neurologist
- ED physician
- EMS medical director
- Rehabilitation specialist
- Patient advocate / educator / injury prevention coordinator
- Nurse x3
- Hospital administrator

(New iteration of the Stroke Care Committee)

TSME Stroke Subcommittee

VOTE:

Approve as proposed or
with board members'
suggested modifications

TSMEAC: Cardiac Subcommittee

Statutory Membership:

- None specified

Proposed Additions:

- Cardiologist
- Interventional cardiologist
- Cardiothoracic surgeon
- ED physician
- EMS medical director
- Rehabilitation specialist
- Patient advocate / educator / injury prevention coordinator
- Nurse x3
- Hospital administrator

TSME Cardiac Subcommittee

VOTE:

Approve as proposed or
with board members'
suggested modifications

TSMEAC: Trauma Subcommittee

Statutory Membership:

- None specified

Proposed Additions:

- Trauma medical director
- Trauma surgeon
- Pediatric physician
- ED physician
- EMS medical director
- Rehabilitation specialist
- Patient advocate / educator / injury prevention coordinator
- Nurse x3
- Hospital administrator

(New iteration of the State Trauma Advisory Board)

TSME Trauma Subcommittee

VOTE:

Approve as proposed or
with board members'
suggested modifications

TSMEAC: Main Committee

Statutory Membership:

- General surgeon specializing in trauma
- Neurologist specializing in stroke
- Cardiologist
- Critical care physician
- Emergency medicine physician
- EMS physician
- Neurosurgeon / neurocritical care physician covering both stroke and trauma
- EMS provider
- Patient equity organization representative or academic professional specializing in health equity

Proposed Additions:

- Nurse coordinator x4
 - ED x1
 - Stroke x1
 - Cardiac x1
 - Trauma x1
- Pediatric physician
- Hospital administrator

TSMEAC

Main Committee

VOTE:

Approve as proposed or
with board members'
suggested modifications

Emergency Medical Services for Children Advisory Committee (EMSCAC)

- Provides advice and recommendations to the board on:
 - Designation of emergency medical services centers for the provision of care for time-sensitive pediatric medical emergencies, using nationally recognized classifications where possible.
 - Regionalization of pediatric emergency medical services.
- Provides advice to the OHA EMS Program on:
 - Voluntary categorization of emergency medical services agencies and hospital emergency departments that meet requirements for pediatric readiness.
 - Necessary pediatric patient care equipment for pediatric prehospital and critical care.
 - Development of guidelines for referral of pediatric patients to appropriate levels of care and an interfacility transfer system for critically ill or injured pediatric patients.
- Analyzes statewide pediatric prehospital, critical care, and trauma care data for quality improvement.

Emergency Medical Services for Children Advisory Committee (EMSCAC)

Statutory Membership:

- Physicians specializing in pediatric emergency x2
- Nurse with pediatric emergency experience
- Physician with pediatric training
- EMS provider
- Representative of the EMS Program
- EMSC project director
- EMSC program manager
- Family representative
- Patient equity organization representative or academic professional specializing in health equity

Proposed Additions:

- Pediatric disaster / emergency preparedness representative
- Behavioral health representative
- Injury prevention representative
- Pediatric emergency care coordinator (ED or EMS)
- Trauma nurse coordinator or trauma program manager
- Second family representative
- Second EMS provider
- School-based health center representative or school nurse

EMS for Children Advisory Committee

VOTE:

Approve as proposed or
with board members'
suggested modifications



Break
(10 minutes)

EMERGENCY MEDICAL SERVICES PROGRAM



Systems of Emergency Care: Setting the Stage for Behavioral Health

Nicole Perkins

Defining “Behavioral Health” (BH)

Behavioral health includes mental health and substance use disorder treatment, including prevention, early intervention, and access to care.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as:

- The promotion of mental health, resilience, and wellbeing;
- The treatment of mental and substance use disorders;
- The support of those who experience and/or are in recovery from these conditions. This includes supporting their families and communities.

References: [SAMHSA definition](#), OHA definitions (1) and (2)

EMS Modernization ([HB 4081](#), 2024) Behavioral Health Responsibilities

- Section 9(1): Establish Behavioral Health EMS Advisory Committee under EMSAB
 - Five required members described in the bill
- Section 9(2): Scoping for BH EMS AC
 - Integration of BH emergency medical services into OHA EMS Program
 - Regionalization and improvement of care for time-sensitive BH emergencies
 - EMS center (hospital) designations for treatment of time-sensitive BH emergencies

EMS Modernization ([HB 4081](#), 2024) Behavioral Health Responsibilities

- Section 9(3): OHA, with committee advice, will develop guidelines for:
 - Designation of specialized regional BH critical care centers
 - BH patient referrals to appropriate emergency or critical care centers
 - Necessary prehospital and other BH medical service equipment
 - Interfacility transfer system
 - Continuing professional education programs for EMS personnel on care of BH patients across different demographics
 - Public education program on EMS for BH patients, including emergency access telephone numbers
 - Collection and analysis of statewide BH emergency data

What are the problems?

- BIG scope of work described on the previous two slides
- EMS Modernization Part 1 (2024) was unfunded, no resources allocated
- The EMS Program does not have operational or policymaking experience in the behavioral health space
- OHA has many BH programs and initiatives already, so we have significant potential for redundancy and duplication





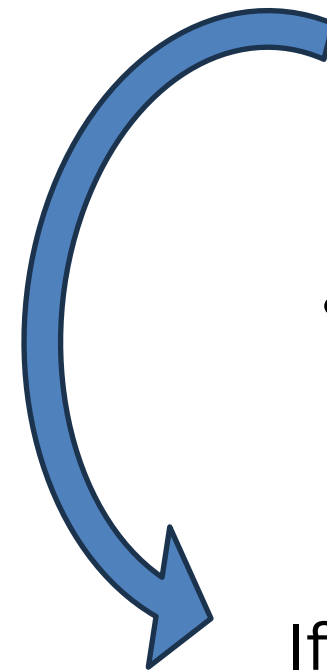
988 | SUICIDE & CRISIS
LIFELINE



Injury and Violence
Prevention Program

What are our solutions?

- Collaboration with OHA partners:
 - Understanding the work that they are already doing
 - Recognizing and utilizing subject matter expertise
 - Scope-setting the EMS Program's work to avoid overlaps
- EMS Modernization Part 2 (2025) will hopefully include funding



If the statutory work of the BH EMS Advisory Committee cannot be covered by OHA's existing BH boards and committees, the EMS Program will launch it later in 2025.

Next Steps for the EMS Program

- Continue outreach and relationship-building with internal partners
- Monitor legislative progress on EMS Modernization Part 2
 - Director's update is next on today's agenda
- Work to define “time-sensitive BH emergencies” and differentiate from crisis where appropriate
 - EMSAB members' perspectives are welcome on this; please reach out if interested
- Plan for progress update at EMSAB's May meeting

Questions

EMERGENCY MEDICAL SERVICES PROGRAM



EMS Program Director and Manager Updates

Dana Selover, MD MPH and Adam Wagner, MSc P

EMERGENCY MEDICAL SERVICES PROGRAM



Key Takeaways

Advisory Committee Recruitment

Applications will open on Monday, February 17.

Priority deadline for submission is Monday, March 3.

Those who submit by the priority deadline will receive selection notification by Wednesday, March 26.

As noted earlier, we have many positions to fill – please share with your networks!

Remaining EMSAB Vacancies

- Emergency medicine physician
- Public member who is, or has been, a frequent user of emergency medical services
- Third-party payer of health care insurance
- Patient health care advocacy group

Specifically hoping to recruit from the Gorge, Central Oregon, and Eastern Oregon (ATAB regions 6, 7, and 9).

Please share with anyone you know who may be interested.

Next EMSAB Meeting

Friday, May 9, 2025

0900-1500 (lunch provided)

PSOB Room 177

Open for Member Questions and Discussion

- Need clarification on any topics covered today?
- Any topics not covered that you want information on?
- What are you carrying forward into May's meeting?
- How can the EMS Program better support you (individually and the board as a whole)?

Public Comment Period

Meeting Adjourned