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EMS Provider Initial Education
Rule Advisory Committee
May 29, 2024
1 p.m. – 4 p.m.

RAC MEMBER ATTENDEES	
Bonnie Overcash	Sky Lakes Medical Center
David Anderson	N. Gilliam Medic
Elizabeth Cooper (for Dan Koopman)	Southwestern Community College
Elizabeth Ross	Oregon Medical Board
Gregg Lander	Chemeketa Community College
Jason Bowman	Lane County Sheriff's Office
Jennifer Romero	AMR
Julie Ryan	EMS Education Consortium
Marcus Allen	Mercy Flights
Nathan Jacqua	Paramedic
Ray Wooldridge	Oregon Fire Chiefs Association
Robert Victorino	Portland Community College
Shawn Rogers	Rogers EMS Consulting
Sheila Clough	Mercy Flights; OSAA Workforce Development
Virginia Chambers	Clackamas Community College
Sue Ingalsbe/Deanna Roberts	North Lake EMS

Oregon Health Authority Staff	
Leslie Huntington	Public Health Division, EMS Program
Mellony Bernal	Public Health Division, Health Care Regulation & Quality Improvement
Nicole Perkins	Public Health Division, EMS Program

Welcome, Housekeeping and Agenda Review

Mellony Bernal introduced self and welcomed attendees to the Rule Advisory Committee the purpose of which is to consider amendments being made to the initial education requirements for EMS providers including moving education related rules from OAR 333-265 to OAR 333-264.

Instructions for RAC members participation in the meeting were reviewed as well as information for public attendees.

- It was noted that the RAC meeting will be recorded and all correspondence in the Chat is subject to disclosure and may be released in a public records request.
- Meeting notes will be drafted and shared with RAC members as well as posted on the EMS Rulemaking Activity site.
- RAC members participating by Zoom were instructed to type the word "Comment" in the Chat to indicate they want to speak to a particular issue or ask questions. These persons will be called upon by staff. RAC members not wanting to speak but wishing to share information

for consideration were asked to type into the Chat “For Your Information” or “For the Record” and type the information they wanted to share for consideration.

- Members of the public were reminded that the RAC is not a public meeting and therefore not subject to the public meeting’s law. Members of the public may attend but may not participate or offer public comment. It was noted that the public may provide comments or information to mellony.c.bernal@oha.oregon.gov or Leslie.d.huntington@oha.oregon.gov at the conclusion of the meeting.
- It was further noted that after the RAC process has concluded, there will be an opportunity to provide oral public comments at a public hearing or to send written public comments during the public comment period. Information about the notice of proposed rulemaking and public hearing will be shared by email. All EMS providers, licensed ambulance service agencies, registered non-transport agencies, community colleges, persons that participate on EMS related committees will be notified.

M. Bernal conducted roll call of RAC members and RAC members introduced themselves as well as OHA staff.

Rulemaking Process & RAC Scope

M. Bernal reviewed the rulemaking process.

- A RAC may be convened for a number of reasons including passage of legislation that requires the adoption of new rules or amendments to existing rule, clarifying processes or intent; or based on requests from the community.
- RAC members include persons and communities impacted by the rules being adopted or amended. RAC members consider the proposed text and raise any concerns or issues and possible changes.
- The EMS program will be working with this RAC on obtaining feedback on the fiscal and economic impact, impact on small businesses, as well as the impact on equity in Oregon.
- The agency considers the information shared and proposes a final draft of rules and files a Notice of Proposed Rulemaking with the Secretary of State.
- A public hearing will be scheduled and notices to interested parties will be sent to gather input either from persons attending the public hearing or through the written public comment period.
- The EMS program will review and consider all public testimony and written comments received to determine whether additional changes to the rule are necessary based on those comments.
- The EMS program will finalize rule text and determine effective date and file permanent rulemaking notice with the Secretary of State's office.

M. Bernal summarized the scope of the RAC:
The Oregon Health Authority is seeking input and suggestions on the development of new rules and amending existing rules relating to the initial education requirements for EMS providers. It is also seeking input on the potential fiscal and economic impact on affected parties as well as consider what effect the proposed changes will have on equity in Oregon.

M. Bernal shared the proposed timeline:
Two meetings are proposed to be held between May and June and final proposed rule language is anticipated to be submitted to the PHD Rules Coordinator by August 12. A notice of proposed rulemaking will be filed with the Secretary of State on September 1. A public hearing will be held

on or after September 15, 2024.Written comment deadline will end on or after September 22, 2024. The goal is to have final rules implemented and effective by October 15, 2024.

Competency-based Assessment and National Registry Changes

Competency-based Assessment

Leslie Huntington conducted an overview of the move to competency-based assessments due to certification changes made by the National Registry of Emergency Medical Technicians (NREMT).

- Current rules are based on a traditional structure of teaching and learning. While rules were being changed to meet the national registry policies, additional changes were made to reframe course expectations for modern methods and formats of course delivery.
- The Committee on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation for the EMS Professions (CoAEMSP) are accrediting bodies for Paramedic education programs. Paramedic education programs must meet these accrediting body standards in order for Paramedic students to be eligible to take an NREMT Paramedic exam. Rules have been amended to align the clinical and field internship requirements with these national accreditation standards.
- Additional housekeeping changes were made to address outdated language.
- A new division rule number has been identified for clarity where education requirements will be in a separate rule division number while licensing requirements will remain in the 265 rules. The following cross walk was shared, and the following sections were noted as new:
    - Applicability
    - Competency-based Assessment program
    - Requirements for successful completion of EMR, EMT, AEMT, EMT-I and Paramedic Courses (practical exams are being removed and a number of references to course completion in the 265 rules have been moved to this rule).

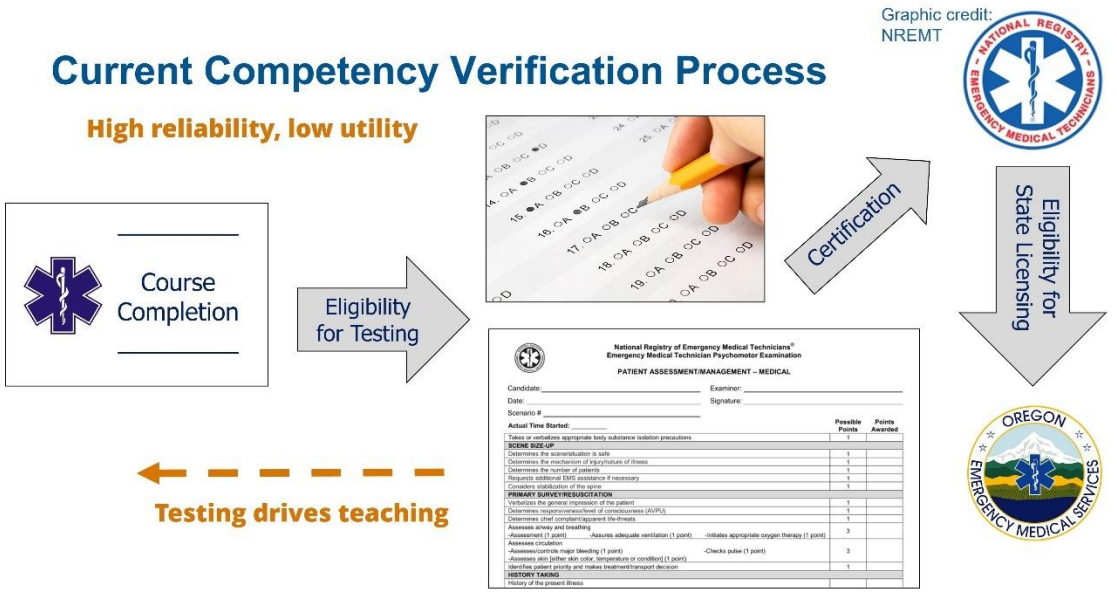
  It was further noted that rules are being repealed because practical exams will be removed.

Section Title or Description	New 333-264-	Previously 333-265-
Purpose/Applicability	0000	Absent
Definitions	0010	0000
Eligibility, Application and Approval of EMT, AEMT, EMT-I and Paramedic Courses	0030	0010
Eligibility, Application and Approval of EMR Courses	0040	0012
EMS Provider Course Requirements	0050	0014
Competency-based Assessment Program for EMT, AEMT, and EMT-I Courses	0070	Absent

Clinical and Field Requirements for EMT, AEMT and Paramedic Courses (Previously AEMT Field Internships and Paramedic Field Internships)	0090	0015 & 0016
Course Director Qualifications – EMR Courses	0100	0018
Approved EMT, AEMT, EMT-I and Paramedic Course Director	0110	0020
EMS Education Program Administrator and Faculty Responsibilities at an Educational Institution	0120	0022
Requirements for Successful Completion of EMR, EMT, AEMT, EMT-I, and Paramedic Courses	0140	Absent
EMS Provider Examinations		0023 - Repealed
EMT-Intermediate Provider Examination		0024 - Repealed
EMS Licensing Officer Application and Approval		0026 - Repealed

  - RAC member inquired via Chat whether the crosswalk could be shared with RAC members. Staff responded that the crosswalk will be forwarded to RAC members as requested.
  - RAC member via Chat asked whether both the 333-264 and 333-265 rules were being updated. Staff responded yes, but only as it pertains to moving the education requirements from the 265s into the 264s and some other minor housekeeping changes.

- As of July 1, 2024, the NREMT is removing the psychomotor exam as part of the certification exam process for AEMT and Paramedic. By the end of 2024 or early 2025, EMR and EMT isolated skills testing will be removed. These exams are being replaced with a skills competency verification process, except Paramedic.
- Current measurement tools to verify competency tend to have a high level of reliability and the consistency of results can be trusted because of the design of the instruments were made to ensure that they are isolating the things that need to be tested. However, from an educator's point of view, if the charge is to ensure that a student can go into the field and perform at the correct level, these tools don't help much, and have limited use (low utility).
- It was noted that literature documents that whatever standard is in place for students to achieve, influences the education course design and programmatic decisions. As such, OHA was very mindful of this when developing the proposed rules.



- Focus groups for EMT exams were conducted in 2021 to talk about changes to psychomotor exams, and instructors provided the following feedback on what utility means. This has informed the work of the EMS and Trauma Systems Program education staff to find new options for verifying competency.
    - Include team participation;
    - Scenario based testing;
    - Make it part of professional growth;
    - Use it to facilitate effective learning;
    - Value the consistency of performance;
    - Place equal emphasis on performance quality;
    - A true measure of competence.
    - ○ Evaluate authentic performance;
    - ○ Target key performance measures;
    - ○ Evaluate multiple aptitudes;
    - ○ Include key process elements of care;

- A summary of competency assessment philosophies was shared from the literature:
    - Standardized testing:
        - Targets the technical precision of measurement tools (psychometrics);
        - Isolate, control and measure the attribute;
        - Divides and decides.
    - Educational assessment:
        - Targets growth and change, processes and product;
        - Measures attributes in context;
        - Spurs further learning.
- Based on research, and considering different concepts, the proposed competency-based assessment program was drafted and included the following principles:
    - Programmatic assessment;
    - Argument-based validity;
    - Evidence-centered design (assessment);
    - Balanced assessment systems; and
    - Competency-based assessment.

- Due to technological advancement, the NREMT is making large changes including to standardized testing.
    - Do not need to rely on multiple choice exams. More options such as drag and drop, prioritization, etc.
    - Rather than focusing on basic knowledge, can now look at aptitudes (decision making, critical thinking, leadership, etc.)
    - Narrowing gap from testing for certification versus testing for competency.
- Making a defensible case for competency
    - The charge (to prove or disprove): authentic, measurable learning targets for students so when they achieve those targets it mimics what is expected of them as an entry level provider;
    - Within the course, there are ways to map assessment and assignments to learning outcomes to ensure that the rights things are being measured;
    - Data from those activities are the elements that are used to measure a student's progress towards targets to spur further learning, provide feedback, and ultimately gather enough evidence to determine competency. Programmatic assessment gives educators the rules of evidence to be able to make defensible decisions.

NREMT Examination Changes
By the end of 2024, psychomotor exams will no longer exist.

- Effective July 1, 2024, for Paramedic and AEMT:
    - Expanding the written (cognitive) exam to capture enduring ('soft') skills;
    - Dropping the practical (psychomotor) exam requirement;
    - Expanding eligibility requirements for testing:
        - Verification of student minimum competencies
            - Paramedic – CAAHEP
            - AEMT – State approved
- In 2021, for EMR and EMT:
    - Practical examination materials were discontinued;
    - State approved practical exam requirements remained in place.
- In late 2024 or early 2025, for EMR and EMT, similar changes as the AEMT are expected.

Oregon has been working with colleges for the last couple of years to consider the design of a competency-based assessment (CBA) program framework.

- Definition of competency: The nuanced integration of skills, knowledge, values and judgement in a given context.
- Goal of CBA program: align educational and certification practices to assure a state-wide assessment system that facilitates student development and achievement of realistic expectations for entry-level competence.
- The CBA system will be based on several pillars which will ensure a strong CBA program:
    - Students are active partners in the learning process;
    - The 'test' is based on multiple measures;
    - System oversight is shared and supportive;
    - Assessments are well designed;
    - Learning and assessment activities align with learning targets;
    - Assessment track and support student growth;
    - Performance outcomes are clear and include learning targes; and
    - Outcomes reflect authentic, entry-level practice.

- There is a shared responsibility for the success of a CBA program:
    - The EMS and Trauma System program:
        - Sets, reviews and updates learning targets;
        - Supports data-driven quality improvement efforts (local and system wide);
        - Collaborates with resource development (assessment design); and
        - Supports and assists with instructional development.
    - The educational programs:
        - Map and utilize key assessment activities to capture the learning targets;
        - Track student progress through the outcomes (LMS);
        - Gather and review key student evidence that meets learning targets; and
        - Report course data to OHA-EMS/TS.

      RAC member stated that in order for a student to be assessed, it sounds as if the student must be assessed through the Learning Management System (LMS). Has the state considered possible impacts to programs that do not have the resources to use LMS? L. Huntington responded that the LMS system is a great way to track data as it reduces workload on the instructor as well as the student; however, it is recognized that access to this software may not be feasible. It is still possible to collective evidence of student achievement through other tools.
- The CBA Model in a classroom environment models the graduate medical education, which is based on evidence increases reliability and provides a high level of utility and validity.
    - Identifying student learning targets;
    - Pointing course activities toward student learning targets;
    - Making sure assessments and assignment match those targets;
    - Using student data from the assessments to help spur further learning and determine competence.
- Student learning targets for the Oregon competency-based assessment program:
    - Patient care;
    - Clinical knowledge and rationale;
    - Interpersonal (and technical) communication;
    - Understanding of EMS and medical systems knowledge; and
    - Professionalism and professional development.
- Instructors will decide which assignments and assessments will best match a student's portfolio.
    - Targets, scoring standards and the scoring scale are embedded in learning frameworks (learning taxonomies);
    - Assessments mapped to the targets and scoring standards;
    - Course planning follows a path of longitudinal student development.

- Example of scoring scale:

Scoring Category	Score (Learning Mgmt System)	Learning Taxonomy Levels	Brief Description
No evidence	0	N/A	
Generalizing	1	A1-2 C1-2 P1-2	Grasps general concepts but doesn't understand the full meaning; follows or uses a standard or approach because it is expected; skills need significant prompting or are sequenced, yet rough
Applying	2	A2-3 C3-4	Connects concepts to specific situations but prompting may be needed; explores standards and approaches

		P2-3	as possibilities for their own professional or personal values; skills are more refined and can self-correct
Connecting	3	A3 C4 P3-4	Becomes more discerning between ideas and concepts in a situation and with choices (when, how, why, and when not to) shows preference for a certain approach or standard, but it is not yet consistent; skills are smooth and can combine actions and skills more easily in a scenario.
Prioritizing	4	A3+ C4-5 P4+	Evaluates, selects, defends, and refines choices; professional values emerge with decisions; skill performance is automatic and multitasks with ease

Examples of a learning target for the patient care competency area for EMT and AEMT:

- EMT - Initiates care that correctly reflects the severity and priorities of the acute patient condition(s) in accordance with accepted prehospital standards of care. (Level of proficiency: “Applying")
- AEMT (in progress) - Applies specific interventions from the AEMT scope of practice and in accordance with accepted prehospital standards of care that correctly reflects the severity and priorities of patients in various states of hypoperfusion, shock, cardiac and respiratory failure (Level of proficiency: “Connecting”)

RAC member asked whether curriculum was already developed that aligns with this proposed CBA program (textbooks, etc.) or is it mostly based in the classroom setting using current curriculum. L. Huntington responded that the curriculum is not being changed. It is still based on the National EMS Education Standards (currently 2009, but proposed rules will be updating to 2021). The learning targets and scoring standards are based upon the content standards and the level of rigor that is set by the National EMS Education Standards. Rather than looking at in a content orientation, the Oregon CBA program looks at it in terms of what students can actually do.

RAC member asked how does this look in practice? It was noted that one school has implemented and been using this model in the last two years. Based on observation, results are positive but currently there is no quantitative data available. RAC member noted that the standard being tested is best practice and best possible clinical outcome and suggested the information be updated to reflect that.

Proposed Administrative Rules Review

M. Bernal and L. Huntington provided a summary of each rule amendment as follows:

A new OAR division number, "264" has been identified for the educational requirements and "265" rules will be specific to licensing requirements. As such, all of the initial education requirement language has been moved from "265" to separate rules within 264.

OAR 333-264-0000 – Applicability (New)
Clarifies the purpose of the rules.
Discussion:
- RAC members had no comments.

OAR 333-264-0010 – Definitions (New - Definitions pulled from 265 rules with the following new definitions added):

- Ambulance based clinician
- Clinical experience
- Competency-based assessment
- Course director
- EMS provider course
- Field experience
- Field internship
- Instruction
- Instructor
- National Registry
- Nurse practitioner
- Physician
- Physician associate
- Registered nurse

Amended definitions include:

- Educational institution
- Emergency care and non-emergency care to align with statute
- Preceptor

Terms deleted from the 265s and NOT added to the 264s include:

- Candidate
- Didactic instruction
- EMS licensing officer
- Preceptor
- Regional EMS Instructor
- Skills examiner
- Skills instruction
- Successful completion

Discussion:
- RAC members had no comments.

OAR 333-264-0030 (formerly OAR 333-265-0010) **– Eligibility, Application, and Approval of EMT, AEMT, EMT-Intermediate and Paramedic Courses**
It was noted that this is a current rule that is being amended and renumbered. Amendments include:

- Clarifying that non-educational institutions conducting courses must be in Oregon;
- The licensing officer requirement has been removed as it will no longer apply with the proposed competency-based assessment program;
- Language has been amended stating that courses must have a designated course director meeting requirements under OAR 333-264-0110.
- Language has been added clarifying that additional persons who assist instructors must meet the requirements in OAR 333-264-0050.

Discussion:

- RAC member noted that the requirement that courses be taught by the colleges has been increasingly problematic for many rural fire departments and search and rescue agencies. It was noted that search & rescue agencies essentially have many providers 'acting as EMS providers,' responding to 9-1-1 calls and being the first contact for patients, but they are not licensed. They are functioning as a lay person, providing first-aid. Search and rescue agencies are primarily all volunteers, and as such these volunteer agencies have limited resources with no funds to help assist with college courses. It was noted that there are several departments that have contracted with colleges to supervise courses but with no real oversight. RAC member inquired what is the purpose of restricting who can teach courses and whether other ways can be considered to meet the same purpose. It was noted that the reference to courses being offered or 'supervised' by an educational institution, was to recognize the other provisions to teaching a course.
- RAC member via Chat noted the importance of 'supervision' language for rural Oregon as they often have non-traditional classroom settings with satellite zoom classes, etc. and appreciate the ability to have the option to keep the non-traditional options.
- RAC member stated via Chat concurred that the supervision language is important and proposed that additional options be available such as governmental units (as defined) be permitted to teach courses without regard to availability of educational institutions (just because a college exists doesn't mean it's the most practical). **Follow-up – In accordance with current and proposed rule, an institution other than an education institution, may seek approval to conduct an EMT or EMT-Intermediate course if certain requirements are met.**
- RAC member asked for clarification about the definition of course director (the designated primary instructor of an EMS provider course) and whether additional burden is added or restrictions to the number of people who can provide courses. RAC member further noted that as agencies struggle with workforce, further constraints on who can teach the more difficult it is for agencies to get staff trained and the speed at which they need to be trained. L. Huntington noted that current rules require a course director, and that the intent of the rule is to clarify that a course director must be designated and must follow the applicable rules. It was further noted that the requirements for the course director rule have been relaxed in order to address barriers to getting course directors approved under proposed OAR 333-264-0110. The course director has been looked at as the primary instructor, the person responsible for administrative responsibilities and is the liaison to the EMS and Trauma Systems program.

OAR 333-264-0040 (formerly OAR 333-265-0012) **– Eligibility, Application and Approval of EMR Courses**

This is a current rule that is being amended and renumbered:

- New section (1) clarifies that the Oregon Health Authority (OHA) is responsible for approving EMR course.
- Additional minor edits were made to update rule number references given renumbering.

Discussion:
- RAC members had no comments.

OAR 333-264-0050 (formerly OAR 333-265-0014) **– EMS Provider Course Requirements**

This is current rule that is being amended and renumbered:

- It was noted that it's important that additional instructors are licensed so that they can be held to a certain standard for professional conduct.

- Nearly all courses require more than just a course director.
- Section (2) aligns language with the Oregon Higher Education Coordinating Commission by referring to subject matter experts who serve as guest instructors.
- Section (3) adds requirements that a course syllabus is necessary which was absent from the 265 rules.
- Section (4) clarifies that curriculum, instruction and assessment shall demonstrate an organized pattern of instruction consistent with sound educational practices and principles of learning which enable the student to develop entry-level competence.
- Sections (5) through (9) are requirements specific to EMR, EMT, AEMT, EMT-Intermediate and Paramedic courses.
    - For EMR course:
        - Curriculum is revised to the 2021 National EMS Education standards versus the 2009 version;
        - Verification and documentation of student proficiency must align with scope of practice under OAR 847-035-0030;
        - Competency evaluations as prescribed by the Authority.
    - For EMT course:
        - Curriculum is revised to the 2021 National EMS Education standards versus the 2009 version;
        - Verification and documentation of student proficiency as specified in the 2019 National EMS Scope of Practice model;
        - Instruction and assessment of student performance outcomes required by the Authority in accordance with competency-based assessment program.
        - Clinical and field experience requirements.
    - For AEMT course:
        - Curriculum is revised to the 2021 National EMS Education standards versus the 2009 version;
        - Verification and documentation of student proficiency as specified in the 2019 National EMS Scope of Practice model;
        - Instruction and assessment of student performance outcomes required by the Authority in accordance with competency-based assessment program.
        - Clinical and field experience requirements.
        - A field internship may be incorporated into an AEMT course.
    - For EMT-Intermediate course:
        - Curriculum, instruction and assessment must meet or exceed standards prescribed by the Authority.
        - Verification and documentation of student proficiency must align with scope of practice under OAR 847-035-0030;
        - Instruction and assessment of student performance outcomes required by the Authority in accordance with competency-based assessment program.
        - Competency evaluations as prescribed by the Authority.
    - For Paramedic course:
        - Curriculum is revised to the 2021 National EMS Education standards versus the 2009 version;
        - Verification and documentation of student proficiency as specified in the 2019 National EMS Scope of Practice model;
        - Instruction and assessment of in cognitive, psychomotor, and affective domains of learning.

    - Clinical and field experience requirements.
    - Field internship.
- Section (11) is not new but clarifies that all courses must include instruction for obtaining NREMT certification and Oregon licensure.

Discussion:

- RAC member via Chat suggested adding a reference under subsection (1)(a) to OAR 847-035-0020 where the qualifications of a supervising physician are outlined.
- RAC member via Chat asked whether there should be limitations on how much of a course the subject matter expert can teach. L. Huntington noted that while the OHA has not limited the amount of material or the time that a subject matter expert can teach, however, in the course director requirements, it states that the course director must instruct, be present at, or facilitate at least 50 percent of the course.
- RAC member via Chat supported the language in section (4).
- RAC member questioned whether the language under section (9) (Paramedic course), "instruction and assessment in the cognitive, psychomotor, and affective domains of learning," should be added to the EMT and AEMT provider courses. L. Huntington responded that the language is unique to Paramedics because Paramedic education programs must follow the CAAHEP and CoAEMSP accreditation standards and the language was added for alignment.

333-264-0070 - Competency-Based Assessment (CBA) Program for EMT, AEMT and EMT-Intermediate Courses (New)

This is a new rule specific to competency-based assessment (CBA) as described in the first half of the RAC meeting and was built keeping the pillars identified on page 6 in mind.

- Section (1) requires all EMT and AEMT courses to include a competency-based assessment program. EMT-Intermediate courses were also included because many programs combine both the AEMT and Intermediate course. The Paramedic course is not included since they are already required to follow student minimum competencies in accordance with CAAHEP and CoAEMSP.
- Section (2) describes the purpose of the CBA program which is the verification of state-required student minimum competencies, and the rule further describes the role of the Authority and the course director.
- Section (3) requires that an application be submitted to the Authority for the initial implementation of a CBA program and identifies necessary requirements.
- Section (4) clarifies that any significant changes to the administration or delivery of a CBA program must be submitted to the Authority and significant changes are outlined.
- Section (5) specifies that a CBA program must be approved by the Authority before being implemented.
- Sections (6) through (8) relate to reporting requirements on the effectiveness of the CBA programs including from both educational institutions and non-educational institutions.
- Section (9) and (10) describe the Authority's responsibility in reviewing program reports and denying, suspending or revoking approvals for failure to comply.

Discussion:

- RAC member asked where the Paramedic CBA program was outlined. L. Huntington reiterated that Paramedic courses must follow the CAAHEP and CoAEMSP accreditation standards for student minimum competencies. CoAEMSP student minimum competencies can be found at: https://coaemsp.org/resource-library.

- RAC member asked rather than listing the courses out individually why not state that "all courses" must have a CBA program. It was noted that there are nuances between each level and given that Paramedic accreditation requirement enforcement falls under a different agency, than listing separately was more appropriate.
- RAC member remarked that the rule appears to require a number of policies that appear to be new and that may have a significant impact. L. Huntington noted that essentially the EMS and Trauma Systems program is looking for the course syllabus to ensure those policies are addressed and suggested that the language be looked at further.
- RAC member via Chat asked why some sections include AEMT while others do not. It was noted that section (7) does not include reference to an AEMT course because a non-educational institution may not teach an AEMT course, only EMT or EMT-Intermediate.
- RAC member inquired whether there are specific requirements for submitting the requested data that clarifies what the Authority may be looking for. L. Huntington responded that interpretive guidance will be developed and shared, and the expectation is that data will need to be submitted electronically.
- In terms of the reporting requirement relating to student enrollment and retention, RAC member asked whether the data will be posted so that anyone can access to be able to judge whether it's a program they want to enter into? L. Huntington noted that the purpose is to try and identify any causes for attrition and the intent is not to make data public by institution but statewide trends only.
    - RAC member inquired whether this can be changed.
    - RAC member via Chat remarked that it seems like the public should know how successful programs are. Another RAC member by Chat indicated this could be made available through a public records request.
    - RAC member remarked that each school publishes its own data internally so the public would have access through the individual schools for that type of information.
    - RAC member via Chat indicated that many programmatic accrediting agencies require program make public some student outcomes.

333-264-0090 – Clinical and Field Requirements for EMT, AEMT and Paramedic Courses
(New rule that incorporates, and amends elements identified under 333-265-0015 and 0016.) Clinical and field experiences and internships have been clarified and placed under one rule. Changes were made to accommodate the new CBA framework and reflect alignment the CoAEMSP standards for paramedics.

- Section (1) is rephrased but requirement remains the same. No clinical or field experience is required for the EMT-Intermediate.
- Section (2) is new and aligns with the CBA system and represents quality standards identified in the HECC accreditation standards. It also ensures that equity is embedded in expectation for clinical and field experiences.
- Section (3) reflects similar standards to the CoAEMSP requirements for Paramedic field experiences and internships.
- Section (4) incorporates elements that were in the 265 rules. Qualifications were moved from the definition and placed in rule text.
- Section (5) clarifies that any plan for clinical experiences, field experiences and field internships must be approved by the EMS medical director, which will create more flexibility for site selection. The plan must be reviewed annually and also include current written agreements with clinical sites and include learning objectives.

- Sections (6), (8) and (9) are amended text pulled from OAR 333-265-0015 and 0016 noting that a student participating in a clinical or field experience or internship cannot count towards any minimum staffing requirements; the student must have proficiency in isolated skills relevant to the field experience or internship before having direct contact with patients; and students must perform skills under the observation of a licensed clinical staff or preceptor.
- Section (7) is new language based on requirements under the Authority's, Office of Health Policy for health profession students in clinical training. Students will be required to have certain immunizations and screenings.
- Sections (10) and (11) is new text to clarify that a student may not perform skills outside the scope of their license when not participating in a field experience or internship and students without an EMS provider license may not perform skills outside of scheduled course activities.

Discussion:

- RAC member asked if it was intentional to not list a nurse practitioner as a preceptor under section (4) of the rule. M. Bernal noted that the term "ambulance-based clinician" is used instead which is defined as a registered nurse, physician, or physician assistant who has an active license in Oregon and is in good standing with the Oregon Board of Nursing or the Oregon Medical Board; and staffs an ambulance for a licensed ambulance service. Staff will review further and consider whether additional changes are necessary.
- RAC member asked if there are any requirements for preceptor orientation stating concerns that schools 'dump' students on a designated preceptor who has little or no knowledge of what is expected of them. Adding training or orientation would be helpful to address expectations. L. Huntington noted the definition of preceptor is qualified licensed healthcare provider at an ambulance service, appointed and approved by the educational institution, who supervises and evaluates the performance of an EMS provider student during the field internship of an EMS provider course. It was acknowledged that there is no specific expectation for training or orientation.
    - RAC member via Chat indicated that CoAEMSP has requirements for paramedic preceptors.
    - RAC member via Chat indicated that the previous definition included a reference to an EMS provider preceptor having to have at least two years of field experience at the same level of the student being trained.
    - RAC member shared that preceptor is additionally defined under OAR 581-049-0010 which includes a reference to being trained and appointed by an accredited teaching institution, and approved by the EMS provider, having responsibility of supervising, and evaluating the performance of an EMT student during the clinical and field internship phases of an EMT course. A preceptor must be a physician, physician assistant, registered nurse or certified EMT in good standing at or above level for which the student is in training.
    - RAC member via Chat requested that the Authority consider adding a requirement for preceptor orientation/training.

OAR 333-264-0100 (formerly OAR 333-265-0018) **– Course Director Qualifications for EMR Courses**

This rule has been renumbered and amended.

- The barrier to obtaining a BLS 'instructor' card was removed and replaced with obtaining a BLS provider card;

- Removes option of being an EMS medical director and replaces with registered nurse, nurse practitioner, physician associate, or physician;
- Outdated language is removed or revised including references to psychomotor exams;
- Updates language to include competency evaluations; and
- Language about additional or guest instructors was revised for alignment with other rules.

Discussion:
- RAC member noted that the language under subsection (3)(c) does not align with OAR 333-264-0110 for the other level courses, specifically allowing for a course director to be present at and supervising but not necessarily teaching. It was requested that the language be updated to align with 0110.

OAR 333-264-0110 (formerly OAR 333-265-0020) – **Approved EMT, AEMT, EMT-Intermediate, and Paramedic Course Director**
This rule has been renumbered and amended.
- Similar changes made to this rule as made to 0100;
- Added reference that the course director instructing within a CBA program for the first time must be oriented to the CBA principles and strategies prior to starting course.
- Responsibilities for the course director was added since it was not included in the 265 rules.

Discussion:
- RAC members had no comments.

OAR 333-264-0120 (formerly OAR 333-265-0022) – **EMS Education Program Administrator and Faculty Responsibilities at an Educational Institution**
This rule has been renumbered and amended.
- Clarifies the scope and responsibilities of an educational institution;
- Clarifies terminology and makes consistent with terms used by the HECC OARs; and
- Updates language for alignment with other rules.

Discussion:
- RAC members had no comments.

OAR 333-264-0140 – Requirements for Successful Completion of EMR, EMT, AEMT, EMT-Intermediate and Paramedic Courses (New)
L. Huntington noted that successful course completion was represented in different part of the 265 rules and has been centralized in the 264s. Rules relating to examinations were also updated and added here for clarity. The intent is to clarity what a student needs for minimum completion standards. It was further noted that timelines for certain exams and licensure remains under the 265 rules.

Discussion:
- RAC members had no comments.

OAR 333-265-0000 – Definitions

This rule has been amended reflecting the removal of definitions that moved to OAR 333-264. Definitions that remain and were amended include the following:

- Educational institution (same as defined under 264);
- Emergency care – Because of passage of SB 856 during the 2017 Oregon legislative session, reference to naturopathic physician has been added.
- Non-emergency care – Because of passage of SB 856 during the 2017 Oregon legislative session, reference to naturopathic physician has been added. **Follow-up – this change was reflected in the 264 rules but not the 265s and will be added.**

Discussion:

- RAC member asked via Chat about the appropriateness of naturopathic physicians. M. Bernal noted that pursuant to statute, naturopaths are referred to as physicians as defined under their scope of practice. **Follow-up:** 2017 Oregon Laws, chapter 356, §90 through passage of SB 856 amended the definitions of 'emergency care' and 'non-emergency care' under ORS 682.025 by adding reference to naturopathic physicians. This bill further amended multiple statutes allowing naturopathic physicians to perform several activities medical doctors and other licensed health care professionals are currently authorized to perform in Oregon.

OAR 333-265-0015 – AEMT Field Internships
OAR 333-265-0016 – Paramedic Field Internships
These rules are being repealed and as discussed previously new rule OAR 333-264-0090 is being proposed.

Discussion:

- RAC members had no comments.

OAR 333-265-0023 – EMS Provider Examinations
OAR 333-265-0024 – EMT-Intermediate Provider Examination
These rules are being repealed and as discussed previously OAR 333-264-0140 is being proposed that will reflect successful course completion for students.

Discussion:

- RAC members had no comments.

OAR 333-265-0025 – Application Process to Obtain an EMS Provider License
This rule has been amended to align with changes under the proposed OAR 333-264 rules and:

- Updates terminology referencing the American Heart Association, BLS provider card;
- Reflects that an EMR applicant or EMT-Intermediate applicant for a license must submit proof of completing an Authority approved course as specified under OAR 333-264-0140;
- Removes references to psychomotor exams; and
- Clarifies licensing process for EMT-Intermediate since there is no NREMT certification for an EMT-Intermediate.

Discussion:

- RAC members had no comments.

OAR 333-265-0026 – EMS Licensing Officer Application and Approval
This rule is being repealed as it would no longer apply.

Discussion:
- RAC members had no comments.

OAR 333-265-0027 – Transitional Paramedic License
This rule is being updated to align with rule number changes.

Discussion:
- RAC members had no comments.

OAR 333-265-0030 – Fees for Licensure and License Renewal of an EMS Provider
This rule is being amended to remove reference to psychomotor re-exam fees that no longer apply. Additionally, the reference to the Authority waiving subsequent exam fees was removed.

Discussion:
- RAC members had no comments.

OAR 333-265-0110 – Continuing Education Requirements for License Renewal
This rule is being amended to remove reference to psychomotor skills examiners which would no longer apply.

Discussion:
- RAC members had no comments.

OAR 333-265-0140 – Maintaining Continuing Education Records
Minor modification made to clean up language.

Discussion:
- RAC members had no comments.

Additional comments:
- RAC member inquired via Chat, why the "removal of the instructor certs?" L. Huntington noted that this has been identified as a barrier, especially requiring for the EMR level. Also, when rules were initially proposed, accessibility to information was limited. Since standards are now widely available and changing frequently, it was felt that it was no longer necessary.
- RAC member noted that references to the BLS provider card has removed language regarding practical skills evaluation which was previously under 0025. It was noted that there are some on-line only equivalent BLS programs and the EMS and Trauma Systems program should consider.
- RAC member via Chat reiterated earlier comment that the Authority consider changing rules to allow an Oregon Governmental Unit to conduct an EMT, AEMT, and EMT-Intermediate course when that Governmental Unit is a *registered* EMS agency serving a rural or frontier area. Discussion:
    - RAC member via Chat questioned whether this would be covered by the term "non-educational agency."
    - It was noted that non-educational institution is not defined in rule.
    - RAC member via Chat indicated 'if an Agency can teach a course, a government owned agency can also teach a course.' A follow-up remark from the RAC member

was the assumption that an outside agency could teach all courses. L. Huntington noted that it is limited to EMR, EMT and EMT-Intermediate courses. AEMT and Paramedic courses are excluded from this exception.

- M. Bernal shared rule language via Chat –

  (3) Notwithstanding section (2) of this rule, the Authority may:

  (a) Allow a non-educational institution to conduct an *EMT course* if there is no training available at an educational institution in a rural part of the state.

  (b) Allow an Oregon non-educational institution to conduct an *EMT-Intermediate* course if there is no training available at an educational institution.

  (4) An Oregon non-educational institution that wishes to conduct an EMT or EMT-Intermediate course in accordance with section (3) of this rule shall send a written request to the Authority including evidence that there is a documented need for the course and lack of training offered by an educational institution.
- RAC member inquired whether there was any reason why an "EMS agency licensed by the state" that meets the other requirements shouldn't be able to teach an EMR, EMT or EMT-Intermediate course? It was noted that the default for teaching courses is on educational institutions. As identified in rule and noted above there are exceptions that apply to rural or frontier areas when there is not training available. It was further noted that for an EMR course an ambulance service *or any other entity in Oregon* may conduct the course if meeting requirements under OAR 333-264-0040.
- RAC member noted that in follow-up to initial suggestion, a governmental unit could fall under the term "non-educational institution." The intent of suggestion is to broaden the language so a governmental unit can teach a course without regard to whether there is access to an educational institution. Just because there is a class doesn't mean that class is sufficient to meet the needs of the community. Rural fire departments and rural sheriff's office need more non-traditional access to courses.
- RAC member provided example of an agency requesting approval to teach course and was denied even though a community college was not close. RAC member noted concern about equity given the length of time that persons must travel to obtain education which also removes providers from the area. A well-defined measure needs to be considered on when a governmental unit or ambulance service would be allowed to teach a course. It was further noted that communities do not have the necessary resources to have colleges come to the community to teach a course. Concern was noted that there are very few EMT providers in the community because of the inability to provide needed courses.
- RAC member concurred via Chat with comment above, indicating it is crucial in rural areas to have non-traditional options available or options outside of educational institutions. Additional RAC members concurred via Chat.
- RAC member indicated via Chat that many other states do not have any requirements for courses to be taught by colleges (paramedic being an exception). It was further noted that many agencies have well qualified instructors who could teach locally with no additional cost to the agency, but affiliating with a college costs a lot.
- RAC member noted via Chat that it is important to note that not all students enter paid positions but are volunteers within the agency once training is completed. To have a qualified individual be able to teach in house would be very helpful when recruiting EMTs just for ease of attending class and cost.
- RAC member shared via Chat that commute times to community college create barriers for individuals to take a course.

- RAC member asked whether there are any restrictions to hybrid learning with the new OARs? L. Huntington noted that there should not be any restrictions in the rule for hybrid learning.

Next Steps
M. Bernal noted that because the RAC was able to get through the rules, there are two options to consider for completing review: 1) Keep the June 7 meeting for purposes of reviewing the Statement of Need and Fiscal Impact (SNFI) including the equity impact statement; or 2) cancel the meeting and conduct the SNFI review by email. RAC members responded via Chat that the email option would be acceptable. Staff will consider the comments shared at the meeting and consider possible additional changes.

Meeting adjourned at 3:45 p.m.