

EMS & TRAUMA SYSTEMS

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



State Trauma Advisory Board Quarterly Meeting Minutes

2024 Quarter 2 | April 12, 2024

Chair Ron Barbosa, MD | Vice Chair – Amy Slater, RN

Appointed Board Attendance

E= Excused

Y	Ron Barbosa, MD	Level 1 Trauma Surgeon
N	Mac Cook, MD	Level 1 Trauma Surgeon
Y	Jonathan Kark, MD	Level 1 or 2 Orthopedic Surgeon or Neurosurgeon
Y	Justin Sales, MD	Level 1 Emergency Medicine Physician
Y	Heather Wong, RN	Level 1 Trauma Program Manager Nurse
Y	Jennifer Serfin	Level 2 Trauma Surgeon
Y	Amy Slater	Level 2 Trauma Nurse Coordinator
Y	William Foster, MD	Level 3 Emergency Medicine Physician
Y	Judi Gabriel, RN	Level 3 Trauma Nurse Coordinator
Y	Timbra Burrup RN	Level 4 Trauma Nurse Coordinator
VACANT	VACANT	Urban Area Trauma Hospital Administration
VACANT	VACANT	Urban Area Emergency Medical Services Provider
Y	April Brock, MSN	Rural Area Trauma Hospital Administration
Y	Diane Johnson, P	Rural Area Emergency Medical Services Provider
Y	Michelle Renault	Public Safety Answering Point Representative
Y	Aaron Ott	Public Member
Y	Joel Carmody	Public Member
Y	Jim Cole, Paramedic	EMS Committee Representative

Oregon Health Authority Attendance

Dana Selover, MD; David Lehrfeld, MD; Stella Rausch-Scott, EMT; Peter Geissert; Madeleine Parmley, RN; Rachel Ford; Robbie Edwards; Yesenia Rosario; Mellony Bernal; Julie Miller; Laxmi Pallathadka; Barrett Johnson, Albert Ramon

Public Attendance

Jeremy Buller St. Charles Bend
 Linda Sheffield RN TNC Santiam Hospital
 Katie Hennick, TPM GSRMC
 Zack Hittner TNC WVMC
 Kim Fletcher TNC, Albany

Matt Philbrick, Global Medical Response, Oregon EMSC Chair
 Johnathan Jones, Clinical Trauma Coordinator, Providence Medford Medical Center
 Libby Windell, TMD, Salem Hospital
 Joey Van Winkel, TNC, West Valley Hospital

Tyson Lane-Lake Health District EMS

Stacey Holmes TPM Sky Lakes Medical Center

Michelle Davidhizar, TNC at Lake District Hospital

Emily Weber, TMD, Willamette Valley Medical Center

Velda Handler, Adventist Health Tillamook, RN Trauma Registrar

Anthony Huacuja, TC, Tillamook Adventist

Susan Steen TPM Doernbecher Childrens Hospital

Jill Shipley, Randall Children's Hospital TPM

Matt Edinger - TNC - ARRCM

Tami Wheeldon, PIPS Coordinator, Salem Health

Sarah Gold, OHSU Injury Prevention Coordinator for the Trauma Program

Mindy Stinnett, Trauma Program Manager, Blue Mountain Hospital, John Day

Leslie Engelgau, Trauma Coordinator, Redmond St Charles

Jody Berryhill, Trauma Program Coordinator OHSU

Ethan Lodwig, TNC, Riverbend. Springfield.

Kathy Tompkins PIPS Coord Salem Health

Clif Dodson, RN, TNC/TR, Providence Hood River

Rebecca Brown, OHSU program coordinator

Jordan Tiller, TNC, Legacy Emanuel Trauma Services

Alexis Moren Associate trauma medical director Salem health

Chip Scott, TNC, Peace Harbor

Angie Short

MaryClare Sarff

Karla Rutherford - SNLH

Ron Woita

Megan Lundeberg

Angela Aldrich

Pamela Halbrook

Call to Order - Ron Barbosa

The meeting was called to order.

2024 Quarter 1 agenda was presented and no changes were requested.

OHA Staff Introduction:

Amani Atallah introduced Albert Ramon, EMS/TS Research Analyst 3. He is currently working on OTR data migration work. Contact information: albert.ramon@oha.oregon.gov, 971-673-1222

Review/Approve Minutes - Ron Barbosa

Justin Sales motioned to approve the minutes as presented. Motion passed.

Board Membership – Stella Rausch-Scott

Due to the EMS Modernization bill passing, the EMS/TS office will focus efforts on the current board sunseting and recruitment for the new advisory board and committee membership.

OHA Committee Updates

EMSC Update - Justin Sales

Pediatric readiness program education session was targeted on pediatric fentanyl exposures that was presented by the medical director of the Oregon Poison Center.

There's been a substantial increase in reported exposures. In fentanyl I for young kids under 6 particularly those under 2 and most of this exposures is happening, in the home. Pediatric emergency preparedness workshop that provides didactic and hands-on sessions, focusing on mass casualty triage, patient assessment, pediatric stimulation.

If you are interested in this training reach out to Rachel Ford or Justin Sales.

Pre-Hospital Pediatric readiness program start in May 2024

- Peds CE Opportunity: www.pedsreadyprogram.org
- Naloxone Leave Behind: www.savelivesoregon.org/apply/
HeroKids Registry: www.herokidsregistry.org
- National Pediatric Readiness Project assessment: www.pedsready.org
- SAMHSA EMS Grant: <https://www.samhsa.gov/grants/grant-announcements/ti-23-011>

EMS Committee update – Jim Cole

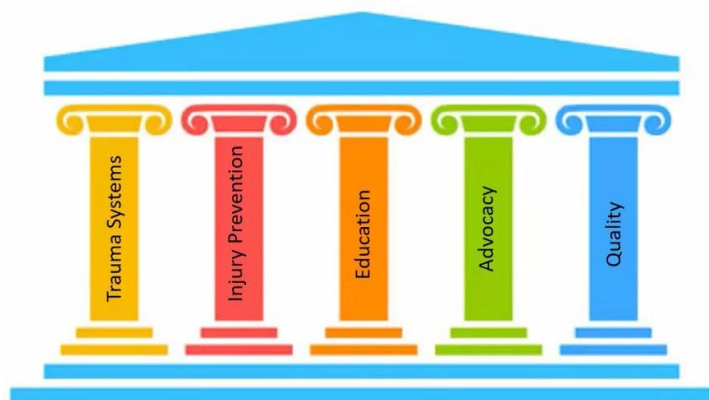
EMS education is changing and was presented the updates that will change in the next year around education for initial EMS licensing.

Medford Fire and Mercy Flights presented their pilot project on BLS response and tiered response for emergency medical services in Medford.

Committee on Trauma (COT) – Alexis Moren

Committee on Trauma's Oregon president discussed the upcoming work of COT.

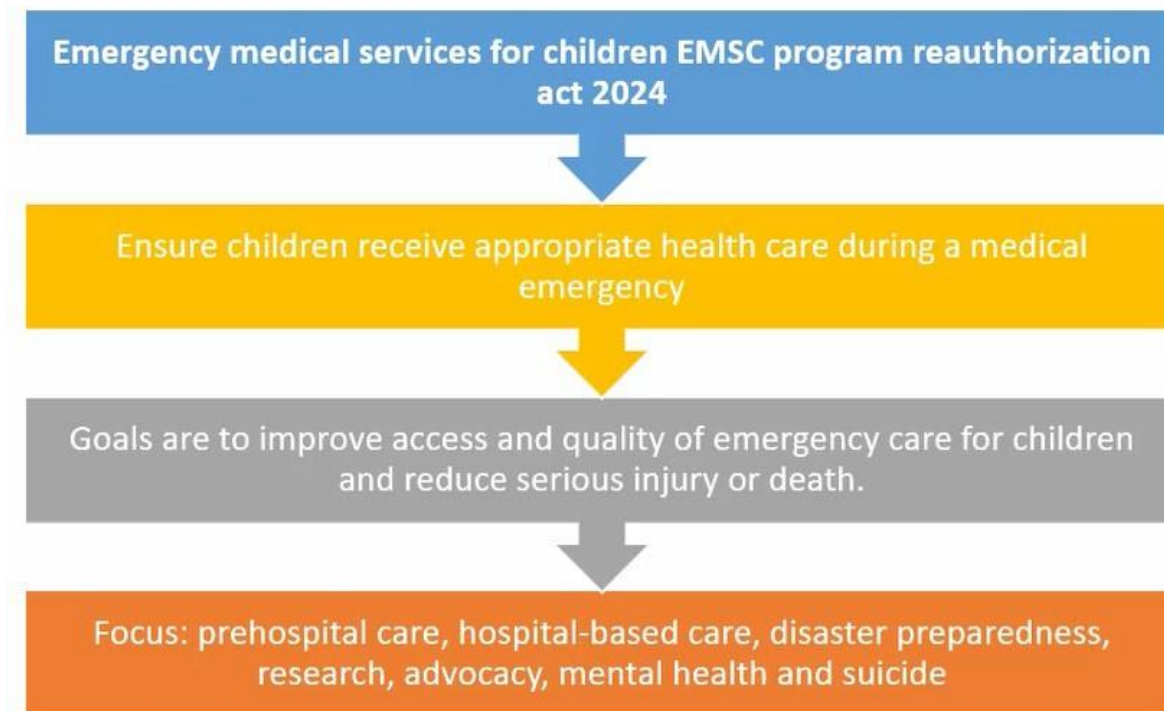
5 Pillars



Adults



Pediatrics



New concepts around best practice of transitioning from TQUIP and PIPS

TQUIP

- DEI focused → goal to achieve equitable care
 - Quality and safety + **Equity**
 - **SDOH and health related social needs**

PIPS

- Best Practice Guidelines
 - In Progress → Management of TBI
 - Published

Oregon project supports:

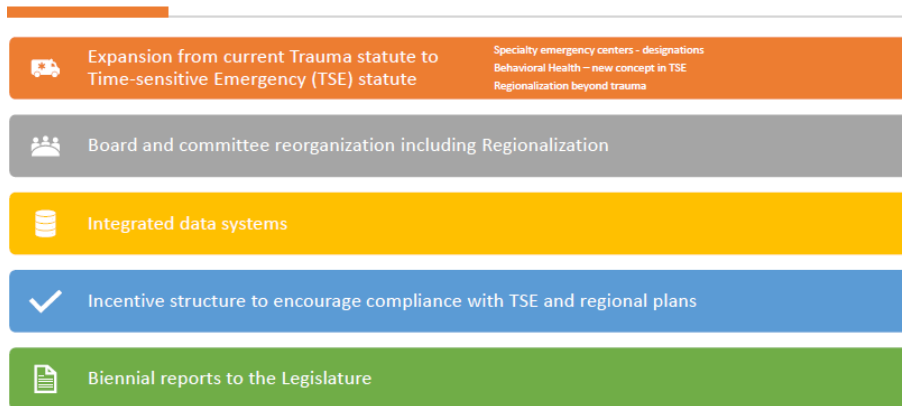
ACS Grey Book new requirement adaption.

Stop the Bleed Legislative Concept would require kits in school and training for schools, EMS, nurses, etc.

Stop the Bleed day is May 23rd

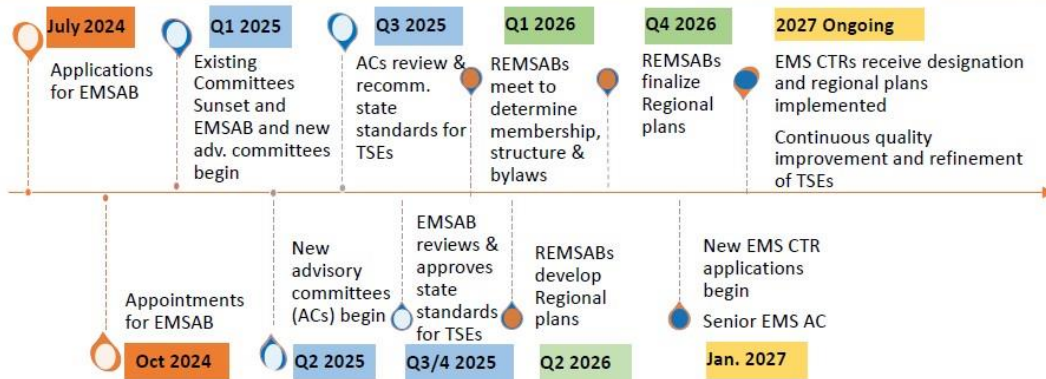
HB 4081 EMS Modernization

HB 4081 Overview

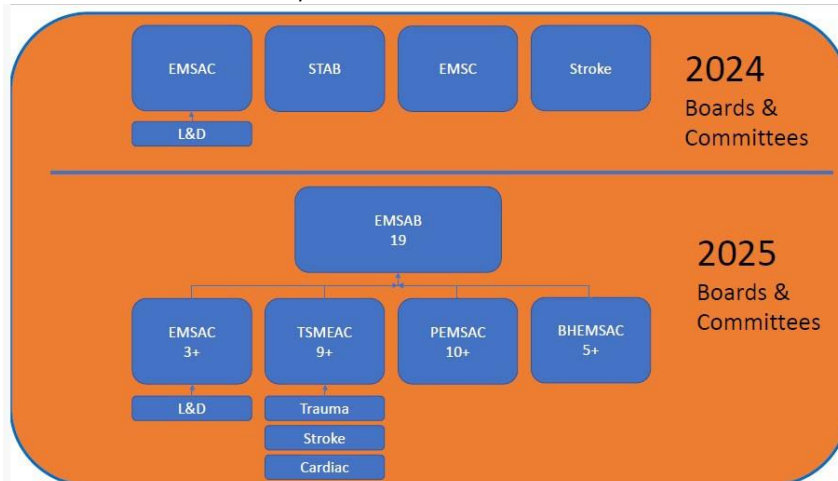


EMS Modernization Bill Phase 1 (House Bill 4081): the long-awaited 'starter package' of updating Oregon's emergency medical services, emergency healthcare, and time-sensitive emergencies. OHA EMS/TS thanks Representative Grayber and her chief of staff, Barrett Johnson, for their work on this.

HB 4081 – Timeline



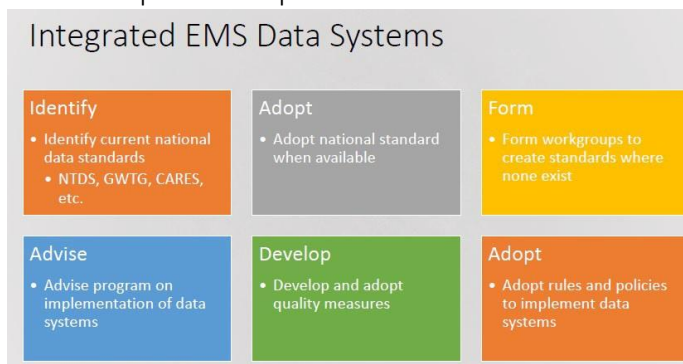
- 2024: Establish EMS Advisory Board (EMSAB). Members anchored in statute. All existing boards and committees will get information to apply. Appointments in Q4 for first meeting Q1 of 2025.
- 2025: Committees sunsetting and new advisory committees (ACs) begin. The EMS Advisory Board has to review the new advisory committees and approve charge and membership.
- Throughout 2025: Advisory committees meet to set state standards, which are the minimum. Regional plans can add local flavor, then create local protocols to implement.
- Beginning in 2027: EMS centers comply with state standards and regional plans. Senior long-term care committee is currently housed at ODHS and will come to OHA in 2027.



- Numbers listed are the members anchored in statute. Quite variable – EMS Advisory Committee only three members in statute. Time-Sensitive Medical Emergencies has nine members in statute, and it is likely that trauma, stroke, cardiac will end up as subcommittees. Pediatrics has 10 members in statute, which comes from HRSA and federal grant requirements. Behavioral health has five anchored members.
- There will need to be geographic representation across regions.

EMS Centers:

- Functionally, for this purpose, hospitals.
 - There’s a lot of non-hospital behavioral health care: the Behavioral Health and Health Systems Divisions are improving the 988 system, crisis care, SUD care, mostly in non-acute, non-hospital settings. However, this discussion principally applies to hospitals.
 - This doesn’t preclude patients from receiving care at other types of facilities.
- A system modeled on the current trauma system for stroke, cardiac, and behavioral health care, that prevents duplication and conflict with other systems.
- Regions will likely want to build systems with requirements for categorization but for now it is voluntary, which was important to partners who worked on the bill.



- National standards will be preferred if there are national standards available. Not likely the case with behavioral health; that will be a slow build. State standards will likely go into Oregon Administrative Rules and into regional plans. There is flexibility for hospitals on how they become compliant and adopt data systems.

Implementation:

HB 4081 –
Implementation
Plan



- OHA will work on the reorganization, transition from existing structure to new while maintaining existing systems, especially trauma.
- Adopting administrative rules – that will be partly for boards and committees, though mostly about new TSE systems; it will be a large production.

- Assessment of new workload and request for resource needs beyond 2025 – this will take place throughout 2024 and into Q1 and Q2 of 2025 to inform legislature’s next step in writing and passing Phase 2 of the EMS Modernization legislation, which includes funding appropriately.
 - Legislature also wants to do work on workforce.

Board and Committee Reorganization:

- Membership for the advisory committees needs to be reviewed and finalized by EMSAB.
 - OHA EMS/TS will consider how to communicate about applications for the advisory committees with quick turnaround time.
- Ironing out the relationship of the advisory board with each of the advisory committees and how that will flow. Some is in statute, some is not – decision flow, including to the OHA.
- Advisory Committees will have membership, bylaws, projects, and workgroups.
 - For example, EMSAC will have a Licensing & Discipline subcommittee and will also be discussing mobile integrated health and community paramedicine.

Regional Boards:

- Area Trauma Advisory Boards (ATABs) continue. Trauma system will continue through the end of 2026. Will need to figure out the best way to maintain the trauma system while moving under Time-Sensitive Medical Emergencies.
- Implementing state standards with regional plans will be the activity of regional boards. Like the trauma system, there will be local and regional quality projects and coordinating state grants. There will be more conversation about this in planning for 2025 session.

Next Steps:

- Wrapping up all existing boards and committees.
- Communication of implementation plan in meetings with partners – education consortium, fire chiefs, ambulance association, etc.
- Preparing ATABs for transitions.
- Working with existing vendors for data systems to see how we can make that transition.
- Report to partners, public, and legislature.
- Analysis for administrative rules.

OTR Updates

Presentation Provided

EMS/TS Director & Medical Director Update– Dana Selover, David Lehrfeld, Amani Atallah

[EMS/TS Quarter 1 Report](#) (*see below*)

- Some bills beyond EMS Modernization.
 - [Senate Bill 1552, License Prequalification Determination](#)
 - For people who have a criminal record, before starting an educational program and pursuing education and licensure, they can do a prequalification

determination to assess whether the existing criminal record would be a disqualifier for licensing later on.

- Not binding, if additional crimes are committed in period before applying for licensure or if more information comes to light.
- Not coming into effect until 2025.
- [House Bill 4122, Rap Back](#)
 - “Pulse oximeter for your background check”
 - Opt-in for agencies, but if you opt in, have to use for all licensees; at this time, OHA EMS/TS is not committing to doing that.
 - Moves away from intermittent system of background checks during renewal to a new system of constant management such that regulating agencies and licensing boards will act when something pops up.
- [House Bill 4136, Lane County](#)
 - Somewhat in response to the Sacred Heart University District Hospital closure and changes in that region. Focused on urgent and emergent care innovation. Plan for the learning to go out to other counties, regions, localities as well.
- CARES presentation to come in July meeting; 20 agencies onboarded within the past year.
- Administrative rules:
 - Ambulance rules are in progress. Recruitment for the Rules Advisory Committee has been completed.
 - Education rules are soon to be revised, in line with Leslie’s presentation earlier.
 - Exhibit 2 and 3 rules for the trauma system are out. Exhibit 4 rules are pending.
 - [Rules information](#) is available on the OHA EMS/TS website.
- [SAMHSA grant funding opportunity](#) for first responders and the naloxone leave-behind program.
- Adjustments to trauma band process
- Graduate-level paramedic as federally recognized practitioners
 - NEMSAC is asking for public comment on the draft recommendations.
 - [Recommendations](#)
 - [Comment survey](#)

ATAB Updates

1: They met on Monday and reviewing the presentation on trauma line that takes place for the ATAB 1, Portland Metro region and looking at the patient population distribution between the 2 level one hospitals. There was a discussion around looking at the data between the 2 hospitals and seeing that they're somewhat within equal proximity of receiving the same amount of EMS patients, not those being transferred from the rest of the region/state or also those that are walking. It was 14% different so there's not a huge jump in the distribution between the 2 hospitals but just looking at ideas, and making sure that what has been in place for many years still works for the system.

2: Scheduled to meet next week. Updates from last meeting include looking at EMS under triage data quarterly. Looking at rates and trends there. More to report on their next meeting.

3: Case Reviews.

5: Meets next month. Looking at ATAB bylaws and ATAB plan updates that need to be made. Looking at pediatric readiness, pediatric transfers.
6: Working with Klickitat County to set up for their MCI exercise, check on the new plan to see how well it's working for them. Will meet next Tuesday.
7: No updates
9: Will meet next month. Finalizing what PI projects and what data will be collected for 2024.

Public Comment - Ron Barbosa

No Comments.

Meeting was adjourned.

QUARTER 1 REPORT | PUBLISHED APRIL 2024

Data timeline for this report: December 1, 2023 – February 29, 2024

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

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EMS & Trauma Systems Manager's Update



Happy Spring, EMS & Trauma Systems Community

Welcome Albert Ramon, our new Research Analyst 3! Albert comes to us with experience in data analytics, marketing, planning, and research. He is a recent graduate from Willamette University with a Master's in Business Administration. He is currently in his 6th week and learning all there is to know about his new role, especially the Oregon Trauma Registry, the database he will be most supporting. We are very excited to have him join our team and are already so grateful for how he's contributed to our program!

Congratulations to the EMS & Trauma Systems Program, the EMS Community, and Representative Grayber for the nearly 20-years-in-the-making EMS Modernization Bill passing! Our program is excited to start the planning process and we hope to engage the committees in Q3 and Q4.

We are in the final stages of recruitment and hiring for a new position with our program, an Administrative Specialist 2. This position will be supporting general committee duties, Time Sensitive Emergency work that is associated with the EMS Modernization bill, and the exciting Competency Based Education work that our program has been committed to launching for Oregon EMS education programs. We hope to have an introduction of our new staff member in Q3.

It is with bittersweet sentiment that I announce my departure from the EMS & Trauma Systems Program, effective May 17th, 2024. I have had some personal life changes that have contributed to my decision. I want to thank everyone for the opportunity to let me serve you in the capacity that I have, and I am confident that the next person who holds this role will be stellar. We hope to have the new manager hired by May and look forward to introducing them to the EMS & Trauma Systems Community during the Q3 committee week as well.

Thank you again and I leave you all in the best of hands.

Happy Spring & Be Safe,
Amani

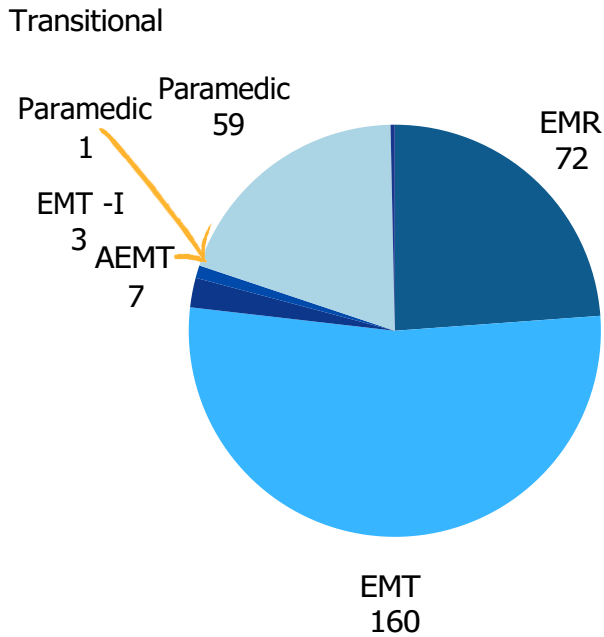
Professional Standards Unit (PSU)

Data timeline for this report: December 1, 2023 – February 29, 2024

EMS Licensing and Relicensing Review

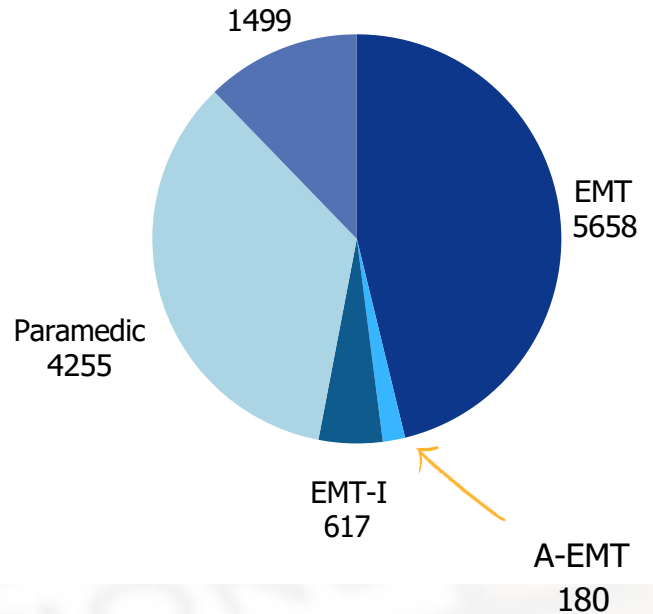
EMS Initial License Issued

302 Total



Total Active EMS Providers

12,245 Total
EMR



Summary of regulatory activities

- Investigations opened: 15
Investigations closed: 27
- Investigations pending: 123
- Licensees currently on probation: 8
- Licensees reinstated:
 - EMR : 0
 - EMT: 8
 - AEMT: 1
 - EMT - Intermediate: 0
 - Paramedic: 1

Actions

- Letters of concern issued: 12
- No action taken/Background cleared for approval: 8
- Stipulated Agreement, Probation: 0
- Stipulated Agreement, License Surrender: 0
- Letters of Reprimand: 1
- Civil Penalty: 0
- Closed Inactive: 6
- License Expired Under PSU Review: 0
- Merged with another case: 0

Continuing education audits completed: 10

Ambulance and Services Licensing

Data timeline for this report: December 1, 2023 – February 29, 2024

New Ambulance Services

- ◆ Initial Service License Applications received: 0
- ◆ Initial Service License Applications issued: 2

New Ambulance Vehicles

- ◆ Initial License Applications received: 13
- ◆ Initial Licenses issued: 8
- ◆ Exception documents reviewed: 4

Ambulance Service Surveys

- ◆ Initial ambulance service survey conducted: 1
- ◆ Annual ambulance service surveys conducted: 2
- ◆ 2024 Ambulance Service Surveys scheduled: 32

Corrective Action Plans:

Licensed ambulance services receiving a deficiency letter after a routine ambulance service survey are required to submit a corrective action plan to OHA-EMS.

- ◆ Deficiency letters issued: 2
- ◆ Corrective action plans reviewed and approved: 2
- ◆ Corrective action plan revisions reviewed and approved from previous quarter surveys: 7

Variance/Waiver

- ◆ Number of ambulance services currently utilizing rural staffing [OAR 333-255-0070 \(4\)](#) : 14

The requirements of this Rule are to be meant annually if needed. In this quarter, 2 of the 14 services have submitted the requirements to OHA-EMS to use this Rule for another year.

- ◆ Volunteer licensed ambulance service approved to respond to an emergency scene without a full crew, per [OAR 333-255-0070 \(6\)](#): 1

Agency Application and Form Updates

- ◆ The Initial Ambulance Service License application is available by request in the License Management System.
- ◆ Survey checklists for ground and air ambulance services 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.

PSU Projects

Assisted with bill analysis during the legislative session. [See OAR Legislative Update.](#)

Working with the EMS team to revise and update:

- EMS Provider applications for improved design, function, and value.
- EMR renewal application, opening April 1, 2024.

Current rule revision and new rule development projects

- Initial EMS Provider education
- 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.

Staff converted the previous Complaint Form from a fillable PDF to a Smartsheet document. This new 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.

Rebecca Long serves on the following:

Department of Public Safety, Standards, and Training (DPSST) Telecommunications Policy Committee and attends quarterly meetings.

PSU representative on quarterly National Association of EMS Officials (NASEMSO) meetings, including the Personnel Licensure Committee.

Veronica Seymour represents the PSU on quarterly National Association of EMS Officials (NASEMSO) meetings, including HITS (Highway Incident Transportation Systems), AVL (Agency and Vehicle Licensure), and Air Medical.

Medical Director & Supervising Physician Application



- **Sarah McClure DO (DO211710):** Timberline Medical Services, LLC (0923)
- **David Lehrfeld MD (MD161989):** DPSST Safety Program (2443)
- **Laurene E Reed DO (DO214960):** Douglas County Fire District No. 2 (1016), Glendale Ambulance District (1007), MedCom Ambulance Authority (1011), Umpqua Valley Ambulance (3638), Winston-Dillard Fire District (1014)
- **Patrick Hudson MD (MD193002):** White Bird Clinic/CAHOOTS (2060)

Committee Information

Vacant Committee positions and recruitment

HB 4081 will go into effect Jan1, 2025. With the reconstruction of the committees and boards our office will focus our efforts into recruiting the new boards starting Summer 2024.

More information will be provided for the opportunity to serve on the different boards and committees in the coming months.



2024 Meeting Dates:

April 11-13

July 11-13 | October 10-12

[Meeting information - Attendance](#)

Trauma Program



COMPLETED

- Full trauma reverification survey: 0
- Focused review trauma survey: 5

- Scheduling for 2024 is in progress:
 - 14 full reverification surveys
 - 6 focused review surveys
 - 1 ACS verification survey

- Quarterly meetings for trauma program managers, coordinators and registrars are ongoing, with good attendance and participation.

- The RAC for Exhibits 2 and 3 met on December 5, 2023, and the proposed exhibits were presented at that time. Please see the Legislative and Rule Update for more information.

- 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](#). At this time, there is no new information that ACS will add an addendum to the 2022 Standards for Level IV trauma centers. As such, the program will commence with plans to convene a RAC addressing Exhibit 4 in 2024.

Education & Examinations

Data Timeline for this Report: December 1, 2023 – February 29, 2024

EMR Course Applications Approved: 16

College course applications (2023-2024 academic year)

College course applications were processed

- ◆ EMT:39
- ◆ AEMT: 4
- ◆ EMT-I: 3
- ◆ Paramedic: 9

National Registry Psychomotor Exams Conducted: 1 AEMT | 1 Paramedic

NREMT examination transition

On July 1, 2024, NREMT will discontinue all psychomotor testing for the AEMT and paramedic levels and implement a new computer-based performance exam with the cognitive exam. EMT and EMR examinations are slated for a similar transition in late 2024 or early 2025. Changes to the NREMT EMT and EMR examination processes are expected in late 2024 or early 2025.

Eligibility for NREMT paramedic testing will require course-level verification of student competencies, as determined by the Commission on Accreditation of EMS Educational Programs for the EMS Professions (CoAEMSP). Eligibility for the NREMT AEMT examination will require course-level verification of student competencies, as determined by state EMS offices.

OHA-EMS/TS is implementing a [Competency-based Assessment Program](#) for EMT and AEMT courses.

Competency-based assessment (CBA) program for initial education

College EMS instructors and program coordinators are continuing to incorporate CBA processes and infrastructure into their EMT courses. Biweekly workgroup sessions with instructors are ongoing as well. These sessions focus on technical support for instructors, shared learning, instructional development, and feedback. Development of state accountability processes and tools for the program is ongoing. AEMT competencies and outcomes are developed and under review.



2024 Oregon EMS Conferences:

[Oregon EMS Conference](#) – September 27-29

Oregon Emergency Medical Services for Children (EMSC)



Prehospital Pediatric Readiness Project Assessment

In May 2024, EMS transport agencies will be asked to complete the PPRP Assessment.

Before completing the assessment, agencies should collect the following data:

- Annual call volume
- Annual pediatric call volume
- Number of personnel in your agency at each level of certification

The assessment will take 30-45 minutes, and you will receive a report that identifies specific gaps in the EMS agency's pediatric readiness. For tools to improve pediatric readiness, check out the Prehospital Pediatric Emergency Care Coordinator section of the EMSC website, www.oregonemsc.org.



Register for this FREE class!

Registration is open for the May 9th 1200-1300 education session, *Pediatric Readiness in the Emergency Department: Does it translate to better outcomes?* presented by Dr. Beech Burns. CME for physicians and CE for nurses and other medical professionals is available.

Check out the *Pediatric Fentanyl Exposures education session* posted on the [Pediatric Readiness Program website](#).



Tourniquet Distribution

To strengthen Oregon's EMS system, the EMSC Program offered life-saving tourniquets to Sheriff's offices that serve rural and frontier communities. They were instructed to only request the exact number that would be immediately deployed.

There were 15 offices that submitted requests and 317 tourniquets were distributed.

EMSC Advisory Committee Vacancies

The EMSC Advisory Committee is recruiting to fill the *Nurse with pediatric experience* and *Tribal EMS representative* positions.

For more information, contact Rachel Ford at 971-673-0564 or rachel.l.ford@oha.oregon.gov. Apply here:

www.surveymonkey.com/r/EMSTSCOMMITTEE

Oregon EMS Information System (OR-EMIS)

Oregon Trauma Registry (OTR)

Data Quality Assurance

The 2024 NTDB updates were implemented January 10th, 2024. A system back up was performed prior to the updates. The Office of Information Services was involved to provide technical support for the implementation. Only one small bug was detected impacting a very limited number of picklists and was promptly fixed.

Oregon EMS & Trauma Systems has received a grant from ODOT to fund the Data Quality Monitoring Plan. In the coming year the team will be adding positions to support this work.

NEMSIS 3.5 Implementation

As of the end of the Q1 2024, 119 agencies are submitting NEMSIS 3.5 data to OR-EMIS, and 60 more are in process. We expect the percentage of ePCRs in 3.5 format to increase as we move into the next quarter. The data team continues to reach out to agencies that have not yet scheduled their transition date and support agencies in process. Resources with more information about NEMSIS 3.5 and the Oregon implementation plan are available through our [web site](#).

Oregon Trauma Registry

Contract negotiations with ImageTrend for their Patient Registry product are currently underway. This new Trauma registry solution is expected to be implemented in production before January 2026.

Reporting

The contract with Procogia for Posit (R-Studio) Team Implementation and Hosting was executed in Q1 2024. This programming and web-based collaboration platform will help us meet grant-related deliverables while aligning with the programs' strategic goals. We are currently planning for implementation, initiated on March 15th.

Data Requests and Partnerships

In Q4 2023, the Oregon EMS & Trauma Data Team paused review of new project proposals in order to complete projects already in process. In Q1 2024 the data team has received new data requests from external researchers including:

- **OHSU - Reducing disparities for children in rural emergency resuscitation (RESCU-ER)**
- **OHSU - Surveillance of health outcomes among American Indians and Alaska Natives in OR EMS data**

A new data governance process for granting access to deidentified EMS data to local public health jurisdictions for public health practice through ESSENCE complete and will be going online in Q2.

Data Integration Projects

Work to implement the integration between the License Management System and OR-EMSIS is ongoing. Since the beginning of the project, 316 agencies have been synced. During work on deduplication of users in Elite, a bug in the user merge process was discovered which was disrupting user information. Because of this, work on user accounts has been placed on hold. Work on this project will resume in late March.

The project with Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) to integrate EMS data into the Overdose Detection Mapping Application Program (ODMAP) system is under development using the Rhapsody Integration Engine. This project implements an EMS specific definition for drug overdose, geocodes scene locations, masks the precise location of the incident to protect patient confidentiality, maps NEMSIS data elements to ODMAP data elements, formats an output file, and sends this deidentified data to the ODMAP system. The Rhapsody route is currently under development. Testing of the connection to the ODMAP system is currently underway in Q1 2024.

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.

Currently Under OHA Review

Clackamas
Harney

Lane

Counties with approved plans

Clatsop
Columbia
Gilliam

Josephine
Lincoln
Linn
Malheur
Marion
Morrow
Sherman
Wasco

Counties with outdated ASPs - older than 5 years

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

Washington

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Cardiac Arrest Registry to Enhance Survival (CARES)

Congratulations to all our 2023 CARES participants. The Oregon 2023 data is completed with NO lost-to-follow-up cases. Thank you for prioritizing the CARES data timelines to keep our state in compliance for 2023.

For 2023, 71 agencies submitted to the CARES registry. This is the highest group of Oregon agencies with a jump of over 20 agencies from 2022.

Participants will receive their final 2023 CARES reports the first part of May 2024. GEMT CMS Supplemental Payment Program for agencies participating in CARES is open to all Private and Public transporting agencies. Information on GEMT payments and to confirm your enrollment can be found on the [GEMT website](#).

Mobile Intergrated Care / Community Paramedicine



CONGRATULATIONS

[International Board of Specialty Certification](#) –

Community Paramedic Certification.



Oregon's Mobile Integrated Health/Community Paramedicine coalition is meeting and working to support the different programs in Oregon. If you are interested in attending the meetings or would like to receive current notifications and updates from the coalition submit your contact information to the coalition: [Coalition Signup](#)

MIH/CP Coalition has partnered with OHSU Knight Community Outreach and Engagement Program to identify the current state of Oregon's MIH/CP programs. This survey is intended for **ALL agencies, even those without MIH/CP programs**. To participate in the survey, scan or click on the QR code.



Rule and Legislation Update

Legislative Update

The 2024 Oregon Legislative Session convened on February 5, 2024 and adjourned on March 7, 2024. Legislative measures that were tracked by the program that may be of interest to the EMS community are summarized in the attached legislative report. The following measures passed and will have a direct impact on the EMS and Trauma Systems program:

- ♦ [HB 4081](#) – EMS Modernization Act
- ♦ [SB 1552](#) (Section 44) - License Prequalification Determination
- ♦ [HB 4136](#) – Lane County Innovation for Emergency/Urgent Care

Helpful links and information relating to the Oregon Legislature:

- ♦ [Oregon Legislative Information System \(OLIS\)](#) (2024)
- ♦ [Status Report for all legislative measures](#) (2024)
- ♦ [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

Field Triage (Exhibit 2) and Trauma Team Activation (Exhibit 3) - A Rulemaking Advisory Committee (RAC) was initially convened in October 2022 to discuss proposed changes to Trauma Rules (OAR 333-200-0080). The proposed changes under consideration included adopting the revised 2021 National Guideline for Field Triage of Injured Patients (Exhibit 2) and amending the Trauma Team Activation Criteria (Exhibit 3) by incorporating changes based on the revised field triage criteria. The RAC met in October and November 2022 and reconvened in December 2023. Meeting notes are available on the [EMS Rulemaking Activity page](#), under 'Rulemaking Advisory Committees in Progress.' A Notice of Proposed Rulemaking was filed and posted in the January 1, 2024, Oregon Bulletin and a public hearing was held on January 17, 2024. The written comment deadline closed at 5:00 p.m. on January 22, 2024. Staff are considering both the oral and written comments and final rules will be filed within the next couple of weeks.

Rule and Legislation Update

Ambulance Service/Vehicle Licensing Requirements - An Ambulance Service/Ambulance Vehicle RAC is being planned for late spring 2024 to discuss amendments to ambulance service and ambulance vehicle licensing requirements. Information regarding this RAC was shared via email with all ambulance service agencies, State EMS Committee members, as well as persons who had previously expressed interest in serving on a RAC. The RAC recruitment closed on December 15, 2023, and persons selected to serve have been notified. The proposed rules are currently being considered by the Department of Justice for legal sufficiency and more information will be forthcoming.



Interested in Serving on Rulemaking Advisory Committee?

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
 2024 Legislative Tracking**

Bill #	Priority	Bill Summary and Actions Necessary
HB 4081	1	EMS Modernization Act - PASSED
<p>Creates a fully coordinated, integrated and comprehensive approach to emergency medical services (EMS) regulation, regionalization of care, and EMS data systems and analysis that recognizes problems early during prehospital care, determines which services are needed, and then delivers the patient to those resources. This measure re-establishes the Emergency Medical Services and Trauma Systems program with revised roles and duties, moving statutory requirements from ORS 431A to ORS 682; reorganizes, restructures and expands state and regional emergency medical services advisory boards and committees; builds the state and regional infrastructure to expand EMS time sensitive emergency categorization programs for hospitals including integrated data systems; improves EMS data systems to enable the program to reduce disparities in the treatment of time-sensitive medical emergencies and ensure that all Oregonians have the best possible outcomes; and creates emergency medical services regions that will be able to establish and implement regional plans and local protocols using state standards and performance metrics from the TSME database. Comprehensive oversight of the EMS system increases awareness of inequities in emergency medical services care. The A-Engrossed bill passed the House on 3/4/2024 (57 Ayes and 3 Excused) and passed the Senate on 3/5/2024 (26 Ayes and 4 Nays). The bill is awaiting signature by the Governor. Effective January 1, 2025.</p>		
SB 1547 A §8	1	EMS Reciprocal Licensing for Service Members and Veterans
<p>Section 8 of this bill requires the OHA to convene an advisory committee to provide recommendations to the EMS and Trauma Systems program and report out to the Oregon legislature on establishing a reciprocal license for members of the Armed Forces trained to provide emergency medical care. The committee is instructed to 1) identify the military occupational specialties that would align with existing EMS license types, 2) identify necessary training and education required to allow members of the armed forces to be eligible for a reciprocal license; and 3) provide recommendations on rules to establish a reciprocal license for service members. Rules adopted must include issuance of reciprocal license to service members based on military training alone; requiring an ambulance service to ensure that reciprocal license holders are appropriately trained, and adoption of fee for issuing reciprocal license that must be the same as fee for other EMS license types. The bill was referred to Senate Human Services Committee with subsequent referral to Ways and Means. A public hearing was held on 2/24/2024 and work session held on 2/19/2024. The -3 amendment was adopted without recommendation as to passage and referred to Rules Committee with subsequent referral to Ways and Means. While the bill died in committee, discussions will continue on how to bridge gaps for service members and veterans to be eligible for licensure.</p>		
SB 1552 §44	1	License Prequalification Determination - PASSED
<p>Section 44 of this bill allows an individual, prior to beginning an education, training or apprenticeship for an occupational or professional license, to petition a licensing agency for a prequalification determination as to</p>		

whether a criminal conviction that the person has on their record may prevent them from obtaining a license, certificate or permit. A prequalification determination made by the licensing body will not be considered binding and an agency may reconsider its determination under specific requirements. **The B-Engrossed bill passed the Senate on 3/7/2024 (23 Ayes, 5 Nays, 2 Excused) and passed the House on 3/7/2024 (48 Ayes, 8 Nays, and 4 Excused). The bill is awaiting signature by the Governor. Section 44 becomes operative on July 1, 2025.**

[HB 4002](#)

3

Addiction Crisis - **PASSED**

- Sections 1-5 - provides for payment for substance use disorder treatment.
- Sections 6-9 - permits dispensing of opioid use disorder medication refills and clarifies registration requirements for a prescription drug locker located at same physical address as retain drug outlet.
- Section 10 – Adds addiction treatment providers to CCO network adequacy requirements.
- Section 11-12 – Alcohol and Drug Policy Commission to conduct study of barriers and best practices for youth substance use disorder, increased medication-assisted treatment and increasing substance use disorder providers in the state.
- Section 13-15 – Establishes certified community behavioral health clinic (CCBHC) program in OHA; requires CCBHC located in same geographic region as a community mental health program to enter collaboration agreement.
- Section 16-17 – Establishes joint task force on Regional Behavioral Health Accountability to develop recommendations on improving collaboration and accountability, improving outcomes, and providing greater cost efficiencies.
- Section 18-19 – Establishes the task force on Improving the Safety of Behavioral Health Workers to develop policy recommendations to address the safety concerns prevalent in the behavioral health industry.
- Section 20 – Establishes the United We Heal Medicaid Payment program to increase the available behavioral health care workforce.
- Sections 21-23 – Conforming amendments
- Section 24 – Expands definition of ‘deliver’ or ‘delivery’ to include possession of controlled substance with intent to transfer to another person.
- Section 25 – Requires any conviction for delivery of controlled substance made within a public park, within 500 feet of temporary residence shelter, or within 500 feet of treatment facility to be classified as a category 7.
- Sections 26-27 – Directs the Criminal Justice Advisory Council to reevaluate and update the pretrial release criteria for person’s arrested for delivery or manufacture of controlled substance.
- Sections 28-33 – Conforming amendments and applicability for specified sections
- Sections 34-35 – Establishes a drug enforcement misdemeanor crime of possession of a controlled substance. Specifies how court may impose sentence for crime.
- Sections 36-38 – Encourages law enforcement agencies and district attorneys, in lieu of arrest or prosecution, to refer or diver to a deflection program.
- Sections 39-46 – Conforming amendments for drug enforcement
- Sections 47-50 Directs the Department of Corrections to assume responsibility for community-based supervision for offenders convicted of designated property misdemeanors.
- Sections 51-53 – Requires a court, at the request of a persons charged with a class C misdemeanor of possession of controlled substance to defer further proceedings and place the person on probation.
- Sections 54-56 – Requires the sealing or expungement of records related to a person’s conduct constituting a Class C misdemeanor possession of controlled substance in specified circumstances.
- Sections 57-72 – Repeals provisions relating to possession of controlled substance as a class E violation.
- Sections 73-74 – Operative dates and applicability

- Section 75 – Requires Oregon Criminal Justice Commission to collect and analyze certain demographic data concerning deflections, arrests, charges, and convictions for unlawful possession of controlled substance and delivery of controlled substance.
- Sections 76-79 – Establishes the Oregon Behavioral Health Deflection Program to address the need for more deflection programs to assist individuals whose behavioral health conditions, including substance use disorder, lead to interactions with law enforcement, incarceration, conviction and other engagement with the criminal justice system.
- Section 80 – Extends authority for a director of a treatment facility to hold an individual from up to 48 hours to 72 hours.
- Sections 81-89 – Establishes the Oregon Jail-Based Medications for Opioid Use Disorder Grant program to provide treatment and transition planning services to persons in custody in local and tribal correctional facilities.

The A-Engrossed bill passed the House on 2/92/2024 (51 Ayes; 7 Nays; 2 Excused) and passed the Senate on 3/1/2024 (21 Ayes; 8 Nays, 1 Excused). The bill is awaiting signature by the Governor. Effective upon passage.

HB 4071A	3	Task Force on Health Professional Licensing Modernization
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The A-Engrossed bill establishes the task force of Health Professional Licensing Modernization to review mission and vision statements; recommend key performance metrics; recommend resources and timelines needed to develop actionable plans to meet performance metrics; identify roadblocks to success; review what changes in processes have been successful in shortening application timelines; review technical infrastructure; identify best practices to improve processes; explore barriers and recommend solutions; recommend processes by which persons licensed out-of-state may achieve licensure; recommend best practices when interacting with applicants. **Referred to House Behavioral Health and Health Care Committee. Public hearing held on 2/14/2024 and a work session held on 2/19/2024. The bill was referred to Ways and Means without recommendation as to passage. Bill died in committee.**

HB 4122	3	Rap Back - PASSED
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HB 4122 makes necessary updates to Oregon's Rap Back program by adding language necessary to comply with requirements of the FBI and the federal Rap Back system. The measure authorizes the Department of State Police to submit to the FBI's Rap Back system, fingerprints of individuals that are subject to criminal background checks for purposes of employment or licensure by authorized agencies that subscribe to Rap Back. Rap Back allows the Department of State Police to receive and retain fingerprints of individuals enrolled in Rap Back for the continuous evaluation of the individual's criminal history status. The Department of State Police will notify applicable agencies of any new criminal history for a person enrolled for further review and investigation if necessary. Authorized agencies that subscribe to Rap Back must submit an implementation plan to the Legislative Committee on Judiciary. Agencies must consult with the Department of State Police and external community partners, including persons that would be subject to Rap Back. The implementation plan must identify how an authorized agency will: 1) ensure accessibility of fingerprinting; 2) ensure accessibility will not be a barrier to enrollment; and 3) educate and inform persons subject to Rap Back. The Plan must also include projected costs associated with reducing barriers to fingerprinting, including out-of-pocket costs to individuals, costs to the authorized agency, and an estimated timeline for enrolling individuals. **The B-Engrossed bill passed the House on 3/6/2024 (55 Ayes; 5 Excused) and passed the Senate on March 7, 2024 (24 Ayes, 4 Nays, 2 Excused). The bill is awaiting signature by the Governor. Effective June 6, 2024.**

HB 4136	3	Lane County Innovation for Emergency/Urgent Care - PASSED
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Directs the Oregon Health Authority (OHA) to enter into an agreement with Lane County Public Health to administer moneys appropriated under this measure as distributions to the City of Eugene for establishment

and maintenance of a basic life support unit; and to fund a health care access innovation fund to improve access and decrease costs for same-day health care in the greater Eugene area. The measure appropriates \$4.5 million to OHA for this purpose, with \$1.3 million of this to be used for distributions to the City of Eugene, and \$3.2 million for the health care access innovation fund. Lane County Public Health is to submit a report to OHA and the interim committees of the Legislative Assembly related to health care on use of funds by December 31, 2024. A second report on use of funds and achievement of objectives is to be submitted by December 31, 2025. **The A-Engrossed bill passed the House on 3/4/2024 (50 Ayes; 2 Nays; 8 Excused) and the Senate on 3/6/2024 (26 Ayes; 3 Nays; 1 Excused). The bill is awaiting signature by the Governor. Effective upon passage.**

SB 1503	4	Gun Violence and Suicide Prevention Task Force - PASSED
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Establishes the Task Force on Community Safety and Firearm Suicide Prevention and provides money for research related to how to better support youth and rural Oregonians experiencing suicidal ideation; how to reduce stigma on suicidal ideation; barriers to suicide prevention support; current community safety protocol across this state including at hospitals and behavioral health facilities, and recommendations for improvement of the protocol; locations and events most targeted in community safety threats; rates of success of extreme risk protection orders (ERPO) and barriers to implementation and capacity for police stations or other entities to implement voluntary surrender or holding of firearms; barriers to implementing best practices for community safety and suicide prevention; how domestic violence is a risk factor for community safety threats and suicide and risks to first responders. **The B-Engrossed bill passed the Senate on 3/4/2024 (19 Ayes; 11 Nays) and the House on 3/6/2024 (35 Ayes; 22 Nays; 3 Excused). The bill is awaiting signature by the Governor. Effective June 6, 2024.**

HB 4117	5	Public Meeting Law Advice from Oregon Government Ethics Commission - PASSED
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Allows the Oregon Government Ethics Commission (OGEC) to issue a commission advisory opinion on the application of public meetings law to any actual or hypothetical circumstance. Makes state board or commission meetings through phone or electronic means explicitly part of the public meetings law in statute. **The introduced bill passed the House on 2/15/2025 (54 Ayes; 6 Excused) and the Senate on 3/4/2024 (30 Ayes). The bill is awaiting signature by the Governor. Effective upon passage.**

HB 4150	5	Practitioner Notification of Overdose - PASSED
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The measure authorizes the Oregon Health Authority (OHA) or third party to provide electronic notification to a health care practitioner when the practitioner's patient has experienced a fatal or nonfatal overdose within one year from which a drug prescribed by the practitioner was dispensed to the patient. It limits overdose disclosure purposes and record maintenance time periods. The measure sunsets on January 1, 2028. **The introduced bill passed the House on 2/14/2024 (59 Ayes; 1 Nay) and passed the Senate on 2/28/2024 (28 Ayes; 2 Nays). The bill was signed by the Governor on 3/7/2024. Effective June 6, 2024.**