



Oregon Stroke Care Committee Quarterly Meeting Minutes

2024 Quarter 2 | April 10, 2024

Chair Barri Stiber | Vice Chair Ritu Sahni

Appointed Committee Attendance

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

Oregon Health Authority Attendance

Dana Selover, MD; Stella Rausch-Scott, EMT; Peter Geissert, MS, MPH; Madeleine Parmley, RN; Julie Miller; Laxmi Pallathadka; Albert Ramon

Public Attendance

Tracy Holliday; Jen Bysiek; Kathy Gantz

Call to Order – Ritu Sahni
 Barri Stiber was excused for this meeting. Ritu Sahni chaired the meeting. Roll call was taken and quorum was not met. Dana Selover introduced Albert Ramon, EMS/TS program, who will support the Oregon Trauma data system.

Membership Review / Vice Chair vote – Stella Rausch-Scott

HB 4081 (2024) has passed and will focus the efforts on recruiting for the new board and committees. We will no longer accept applications for the current boards and committees.

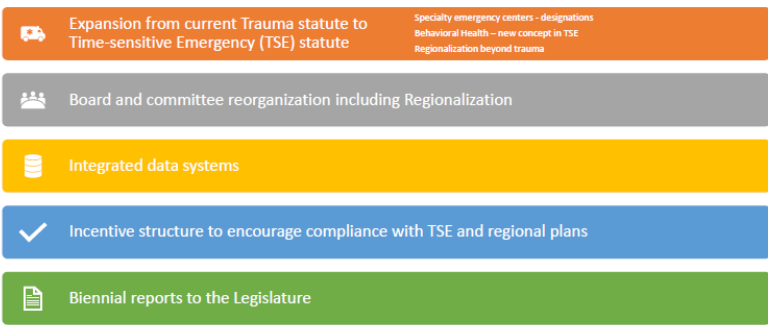
2024 Quarter 1 Minutes – Ritu Sahni

2024 Quarter 1 meeting minutes were reviewed. No corrections were requested. Quorum was not met. The minutes will be voted on at the next meeting.

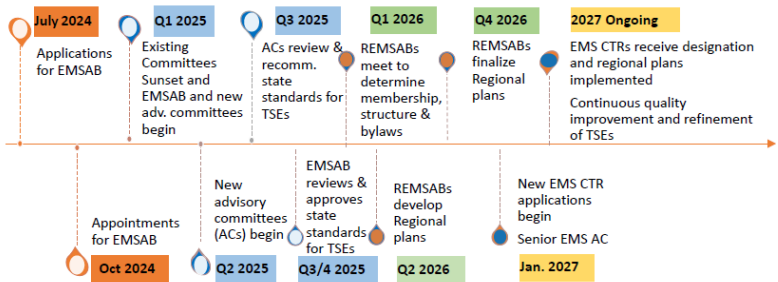
EMS Modernization Legislative Concept – Dana Selover

[Oregon House Bill 4081](#)

HB 4081 Overview



HB 4081 – Timeline





EMS Centers (EMS CTR) –hospital specialty services

- At least one EMS CTR per region
- Modeled on current trauma system – Stroke, Cardiac & Behavioral Health
- Voluntary categorization as EMS CTR to receive TSE patients
- EMS CTR standards –nationally recognized preferred
- Follow state standards in OAR and regional plans
- Flexibility for hospitals to become compliant and adopt data systems

HB 4081 – Implementation Plan



Advisory Boards & Committee -- Transition Activities

Membership, bylaws, and subcommittees

Agendas and timelines

Review and recommend State standards

Adopt rules to implement standards

Advise on implementation of data systems

Collaborate with and advise other committees

Support regions in development of plans

Ongoing monitoring of quality and system improvement

Next Steps

Communicate implementation plan to partners and ATABs

Initial operations and transition work

Ongoing analysis and planning for administrative rules, regionalization and TSE infrastructure

Wrap-up for existing boards & committees

Dana requested feedback and or questions:

Abigail F. noted that there could be struggles for small rural hospitals to participate, also noting that her stroke patients go to different direction than her cardiac patients,

Ritu S. noted that he hoped this change would help ensure the large centers were obligated to take transfers with guidelines and agreements. He noted the development of these transfer guidelines were crucial to trauma programs. He emphasized advocating for these guidelines in any discussions going forward.

Ted F. asked about funding for data entry for hospitals.

- Dana noted there will be extensive discussion around data, incentive structure, how to fund the systems of care.

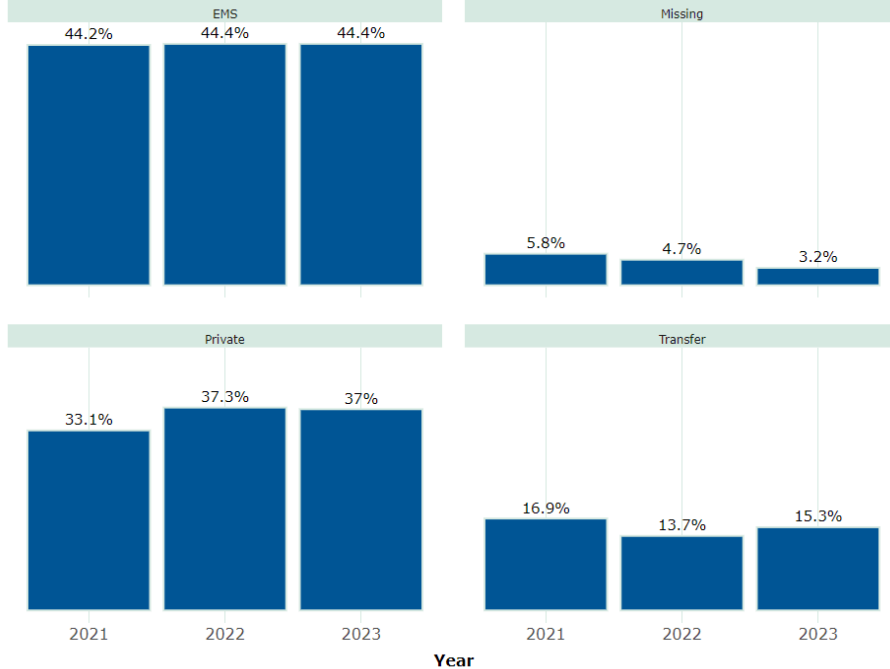
Oregon Get with the Guidelines – Stroke – Peter Geissert

The 2021-2023 dashboard was presented to the committee with updated information requested by the committee at the 2023 Q4 meeting.

Review of data:

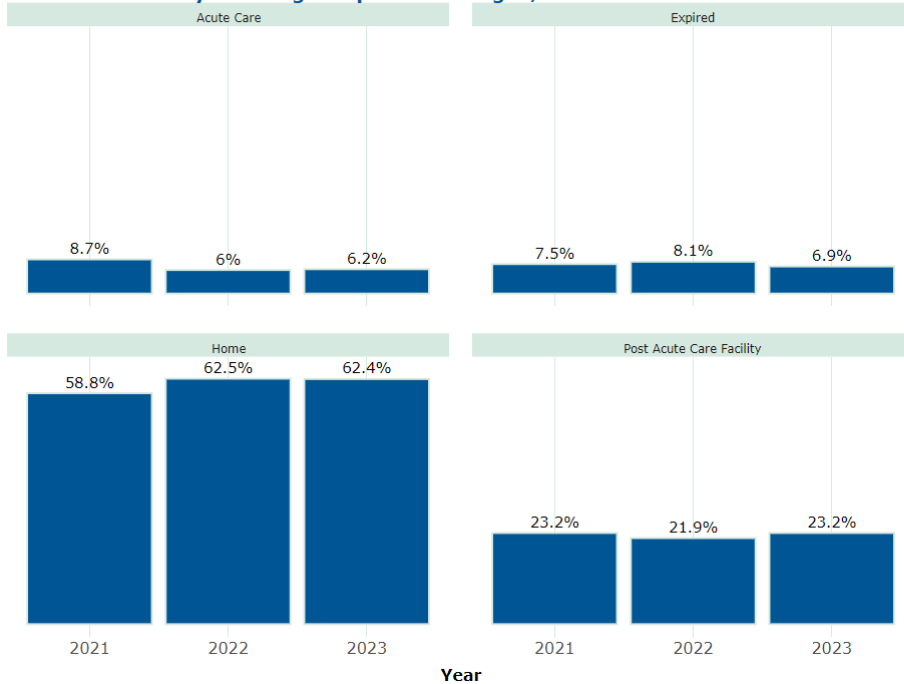
- Treatment rate-last known well to arrival time, ems vs private, shorter when transferred by EMS, percentage of 44.4% by EMS
- National benchmark – Oregon is outperforming national average, 40.2% compared to 29.8%

Stroke Patients by Arrival Mode: Oregon, 2021-2023



This chart is based on all stroke records reported to the Get With the Guidelines Stroke Registry in Oregon 2021-2023. The graph shows the percent of patients for each level of arrival mode over the three year period. Year is on the x axis with bar length representing the percentage of EMS patients discharged with that disposition.

Stroke Patients by Discharge Disposition: Oregon, 2021-2023



This chart is based on all stroke records reported to the Get With the Guidelines Stroke Registry in Oregon 2021-2023. The graph shows the percent of patients for each level of discharge dispositions over the three year period. Year is on the x axis with bar length representing the percentage of EMS patients discharged with that disposition.

- Door to CT scan – significant change in time whether they came by EMS vs POV
- Percentage of Door to CT Scans under 20 minutes – EMS 64.3%

Consideration for further discussion:

- Review Urban Vs. Rural POV vs. EMS and see if there are changes in patient’s symptoms severity and outcomes.
- Percentage of door to IV thrombolytics times under 60 minutes Oregon 2021-2023, National is 88.4%, Oregon is 77.6%.

Next steps:

Final review of the dashboard and including introduction of the first page. Will publish when completed.

EMS/TS Director Update –Dana Selover

2024 Quarter 1 report has been linked below

Education Opportunity - Committee

BEFAST Campaign – OHSU results

- BEFAST video jingle
- Downloadable “OHSU Health Women’s Guide to Preventing Stroke”
- 8.5” x 11” downloadable BEFAST symptoms sign
- Links to OHSU, HMC and AHP stroke program websites

2021 Campaign Results:

Total Impressions: 3,833,000

Total Unique Landing Page Visits: 3500

Total Guide Downloads: 630

OHSU BEFAST campaign toolkit: <https://www.ohsu.edu/sites/default/files/2021-05/OHSU-Health-Stroke-Awareness-Media-Toolkit-May2021.pdf>

2024 Goals – Stella Rausch-Scott

With the committee sunsetting the office has decided not to include anymore new projects but to prepare a transition guide and summary for the new TSE committee.

Transition – next committees look at JC and DNV possibly. Dana suggested looking at what this committee has done and look at start up package for next committee, membership composition at TSMEAB and stroke committees. Ted thinks terminology is going to be important, ie what facilities and what transportation guidelines are. Also maybe narrowing down the number of stroke scales in the ePCRs.

Finishing the current projects:

- Public facing Stroke Data dashboard

- Finalizing the Stroke Care Committee legislative report

Public Comment – Ritu Sahni

None

Meeting was adjourned.

QUARTER 1 REPORT | PUBLISHED APRIL 2024

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

EMS & TRAUMA SYSTEMS

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



EMS & Trauma Systems Contact information:

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

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

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

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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

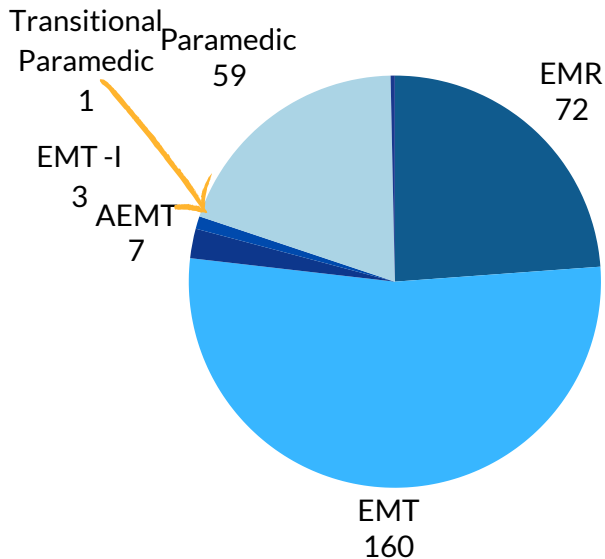
Professional Standards Unit (PSU)

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

EMS Licensing and Relicensing Review

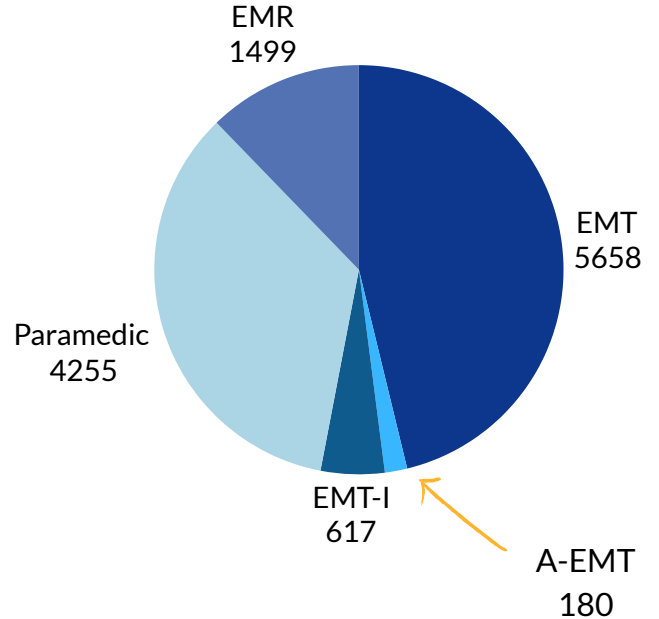
EMS Initial License Issued

302 Total



Total Active EMS Providers

12,245 Total



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
- Continuing education audits completed: 10

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

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

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



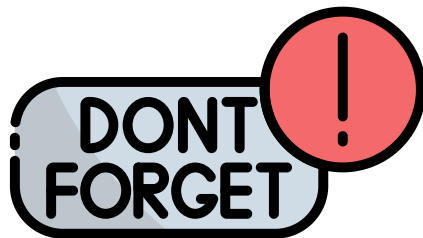
- **Sarah McClure DO (DO211710):** Timberline Medical Services, LLC (0923)
- **David Lehrfeld MD (MD161989):** DPSST Safety Program (2443)
- **Laurene E Reed DO (DO214960):** Douglas County Fire District No. 2 (1016), Glendale Ambulance District (1007), MedCom Ambulance Authority (1011), Umpqua Valley 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

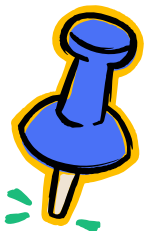
On July 1, 2024, NREMT will discontinue all psychomotor testing for the AEMT and paramedic levels and implement a new computer-based performance exam with the cognitive exam. EMT and EMR examinations are slated for a similar transition in late 2024 or early 2025. Changes to the NREMT EMT and EMR examination 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](http://www.pedsreadyprogram.org).



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-EMSIS)

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-EMSIS, 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
Washington

Counties with outdated ASPs - older than 5 years

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

Returned for Requested Revisions

Baker
Crook
Hood River
Klamath
Lake
Umatilla
Wallowa
Yamhill

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.'

2024

Legislative Tracking