

DATE: October 29, 2024

TO: Hearing Attendees and Commenters –
Oregon Administrative Rules chapter 333, divisions 264 and 265 –
“Education Requirements for Persons Seeking EMS Provider Licensure”

FROM: Brittany Hall, Hearing Officer and Administrative Rules Coordinator

cc: Dana Selover, Section Manager
Health Care Regulation and Quality Improvement

SUBJECT: Presiding Hearing Officer’s Report on Rulemaking Hearing and Public
Comment Period

Hearing Officer Report

Date of Hearing: September 17, 2024, via Microsoft Teams

Purpose of Hearing: The purpose of this hearing was to receive testimony regarding the Oregon Health Authority (OHA), Public Health Division, EMS and Trauma Systems (EMS & TS) program's proposed permanent amendment and repeal of Oregon Administrative Rules in chapter 333, division 265 and permanent adoption and amendment of Oregon Administrative Rules in chapter 333, division 264 relating to the education requirements for persons seeking licensure as an emergency medical services (EMS) provider. The EMS and Trauma Systems Program is proposing these changes based on changes to certification examination policies and practices of the National Registry of Emergency Medical Technicians (NREMT), 2019 National EMS Scope of Practice Model and the 2021 National EMS Education Standards. Due to the changes implemented by the NREMT, psychomotor testing for all EMS provider levels is being replaced with competency verification in the classroom. As such, the administrative rules relating to provider exams and the requirement for exams to be overseen by an EMS licensing officer who must be approved by OHA are being repealed. The OHA is proposing the adoption of a competency-based assessment program that will align educational and certification practices to assure a statewide assessment system that facilitates student development and achievement of realistic expectations for entry-level

competence. Additionally, the two separate rules regarding field internships have been repealed and one new rule adopted that describes the clinical or field experience requirements as well as requirements for a field internship for Paramedics.

Hearing Officer: Brittany Hall

Testimony Received: Two individuals provided testimony at the hearing.

Other Comments: Two individuals or organizations submitted written comments to OHA within the period allotted for public comment, which closed at 5:00 PM on September 23, 2024. Written comments are attached to this report as **EXHIBIT 1**.

OHA heard in written comments concern about the number of continuing education hours required for volunteer EMTs.

Agency response: The purpose of this rule filing was to implement new provisions given the changes to certification examination policies and practices of the National Registry of Emergency Medical Technicians (NREMT), 2019 National EMS Scope of Practice Model and the 2021 National EMS Education Standards. As such, the Oregon Health Authority (OHA) is not considering any changes to the continuing education requirements. The OHA would like to note that pursuant to OAR 333-265-0110, continuing education hours may be obtained through participation in online webinars and courses, and 50% of the total hours needed for each topic may be obtained through self-study.

OHA heard in written comments concern that the proposed rules for EMT licensure requirements differ from NREMT guidelines and “could have significant implications for the future of EMS education and workforce shortages.” The proposed rules “would restrict high school students from serving their community in CERT [community emergency response team] programs or other pre-college programs in Oregon, forcing them to complete NREMT certification but not obtain Oregon Licensure.” In contrast, “NREMT allows people under the age of 18 and those without high school diplomas to obtain their EMT, providing opportunities for students, while in high school, to obtain their NREMT certification.”

Agency response: The age requirements for EMS licensure is established pursuant to ORS 682.216 and therefore any changes to age requirements must be amended by the Oregon Legislature.

OHA heard in written comments and oral testimony concern about the proposed preceptor requirements and the removal of the requirement that the two years of pre-hospital care experience does not have to include experience at the level they will be precepting. It was suggested that there should be a minimum of one year pre-hospital care experience at the level of preceptorship in order to ensure safety of patients and students, particularly for the Paramedic level.

Agency response: The OHA thanks respondents for raising concerns that removing the requirement that a preceptor must have experience at the level they are precepting creates possible health and safety issues for both patients and providers. The OHA concurs with the revision suggested and has changed the rule as follows:

OAR 333-264-0090

Clinical and Field Requirements for EMT, AEMT, and Paramedic Courses

(7) **Paramedic** students participating in a field internship must be assigned to a preceptor who has a minimum of **one** year **of** prehospital care experience **actively performing at or above the scope of practice for a licensed paramedic**. It is the responsibility of the educational institution to:

- (a) Ensure the preceptor is licensed and in good standing with the applicable state licensing authority; and
- (b) Orient the preceptor to the student requirements for successful completion of the field internship in the Paramedic course.

OHA heard in oral testimony the concern that the proposed rules state that a clinical and a field experience and a field internship are required, but that is not consistent with the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP). There are a number of EMS programs in Oregon that separate out the didactic portion, followed by the clinical, followed by the field experience at the end. It was suggested that the definition of “field experience” in the OARs should match the CoAEMSP definition of what a field experience is, and to not make a field experience mandatory, but an identified aspect of the training. Concern was expressed that something called a “field experience” is now being mandated when it wasn’t before, and this may require a curriculum revision for some programs.

Agency response: The OHA thanks respondents who participated in the public hearing for raising concerns related to ensuring alignment with the CoAEMSP standards for Paramedic clinical and field experience and the field internship. The OHA has considered the standards further and have made several changes to OAR 333-264-0090

and minor changes to other rule sections to ensure that rules do not conflict with processes established by the educational institutions to comply with these standards. OAR 333-264-0090 has been updated as follows:

333-264-0090

Clinical and Field Requirements for EMT, AEMT, and Paramedic Courses

(1) For purposes of this rule:

(a) "AMBULANCE CALL" means an advanced life support, prehospital emergency medical services response which includes dispatch, scene response, and participation in specific assessment skills required of a licensed paramedic while riding in the patient compartment of an ambulance.

(b) "EMS CALL" means an advanced life support, prehospital emergency medical services response which includes dispatch, scene response, and participation in specific assessment skills required of a licensed paramedic, but does not include transport of a patient to a hospital.

(2) Clinical **experience** and field experience are required for EMT and AEMT courses.

(3) Clinical **experience** is required for a paramedic course where skills within the Paramedic scope of practice are performed under direct visual supervision.

(4) Students participating in direct patient contact in a clinical setting, as defined by OAR 409-030-0140, must:

(a) Meet the requirements for immunizations, screenings, training, and background checks as prescribed in OAR 409-030-0170 through 409-030-0230; and

(b) Be covered under liability and insurance coverage as described in OAR 409-030-0240.

(5) Site selection for clinical **experience** and **site selection** for field experience must include:

(a) A clear link to course learning objectives and student performance outcomes; and

(b) Opportunities for students to perform assessments and interventions in acute and emergency care settings.

(c) In addition, site selection should include opportunities for students to engage with diverse cultures, ethnicities, races, patient populations, and contexts.

(6)(a) In addition to clinical **and field** experience, a student enrolled in a Paramedic course must participate in a field internship with a preceptor at an advanced life support ambulance service **that operates within** a 911 system.

~~(b) Assess and manage a minimum of 30 prehospital patients as a team member during the field experience and field internship phases of the course; and~~

~~(c) Perform as a team leader and direct patient care on scene and during transport for a minimum of 20 prehospital patients during the field internship phase of the course.~~

(b) The field internship must:

(A) Provide the student opportunities to synthesize the knowledge, skills, and judgments necessary to perform the duties of an entry-level Paramedic.

(B) Require a student to conduct patient assessments required of a licensed paramedic in at least 40 EMS or AMBULANCE CALLS with no less than eight each in cardiac, respiratory,

general medical and trauma emergencies, and with at least 30 of the calls being AMBULANCE CALLS.

~~(d) Specific student competencies, patient ages, and patient conditions for clinical experiences, field experiences and a field internship in a Paramedic course shall be informed by the 2023 Student Minimum Competency Recommendations described by the Committee on Accreditation for the EMS Professions (CoAEMSP).~~

(7) Paramedic students participating in a field internship must be assigned to a preceptor who has a minimum of ~~one~~ ~~two~~ year of prehospital care experience **actively performing at or above the scope of practice for a licensed paramedic**. It is the responsibility of the educational institution to:

(a) Ensure the preceptor is licensed and in good standing with the applicable state licensing authority; and

(b) Orient the preceptor to the student requirements for successful completion of the field internship in the Paramedic course.

~~(8) The 2023 Student Minimum Competency Recommendations described by the Committee on Accreditation for the EMS Professions (CoAEMSP) model specific student competencies, patient ages, and patient conditions for clinical experience and a field internship in a Paramedic course.~~

~~(9) The educational institution must have a plan for any clinical experiences, field experiences, or a field internship that:~~

~~(a) Is approved by the course EMS medical director and reviewed annually for effectiveness;~~

~~(b) Includes current written agreements for all clinical sites and field services; and~~

~~(c) Includes learning objectives for each clinical experience, field experience, and field internship and provide them to the students.~~

~~(10) A non-educational institution approved to conduct an EMT course must comply with section (5) of this rule.~~

~~(11) A student participating in clinical experience, field experience or a field internship shall not be considered one of the minimum staff at the facility or service.~~

~~(12) A student must demonstrate technical proficiency in the classroom with isolated skills relevant to the clinical site, field experience, or field internship before they may participate in the direct care of patients.~~

~~(13)(a) During clinical experience and or field experience or a field internship when applicable, a student must perform skills under the direct visual supervision of licensed clinical staff or a preceptor at or above the level for which the student is in training.~~

~~(b) During a field internship, a Paramedic student must perform skills under the direct visual supervision of a preceptor.~~

~~(14) A student may not perform skills outside the scope of practice of their current Oregon EMS provider license when outside of scheduled course activities including, clinical experience, field experience, or field internship.~~

In addition, the OHA has removed subsection (7)(f) from OAR 333-264-0050 (EMS Provider Course Requirements) relating to allowing an AEMT course to incorporate a field internship. Previous requirements for an AEMT field internship under former OAR 333-265-0015 have been replaced with 'field experience' under OAR 333-264-0090.

OHA heard in oral testimony that the OARs should be simplified and point to the CoAEMSP requirements for Paramedic programs since the national accreditation is a minimum requirement. The example given is that if the OARs are going to spell out minimum required pre-hospital patient exposures for Paramedics, then the rules should point to the CoAEMSP requirements to make sure schools are meeting those objectives and requirements under the student minimum competency matrix, or the OARs need to be worded to be consistent with those.

Agency response: The OHA has updated the rule text as noted above. The minimum requirements for patient and call types for the paramedic internship were changed to reflect the current requirements under OAR 333-265-0016. This reversion should prevent major curriculum changes for educational institutions, as this was expressed as a concern in the prior comment.

OHA heard in oral testimony that there is some confusion about how OAR 333-264-0110 is written, particularly in section (3) regarding the requirements for a Paramedic course director. If the intent of the rule is to allow a registered nurse, nurse practitioner, physician, or physician associate to be a course director for a Paramedic course as allowed for other course types under section (1), additional clarification is needed to determine the qualifications necessary for those provider types to be able to conduct a Paramedic course. It was stated that definitions are needed for requirements of actual, pertinent EMS experience.

Agency response: The OHA appreciates the concern expressed and has revised the rule as follows:

- (2) In addition to the course director requirements in section (1) of this rule, a **course director for a Paramedic course** ~~director~~ must **either**:
 - (a) Be an EMS medical director and hold a current:
 - (A) American Board of Emergency Medicine Certificate; or
 - (B) Advanced Cardiac Life Support (ACLS) provider certificate or equivalent and Advanced Trauma Life Support certificate or equivalent; or

- (b) Be an Oregon licensed Paramedic in good standing with the Authority with at least three years of experience at the licensure level; and
- (A) Possess at least an associate degree from an accredited institution of higher learning;
- (B) Hold a current ACLS provider certificate from the American Heart Association or equivalent; and
- (C) Hold a current Basic Trauma Life Support (BTLS) provider certificate or equivalent, or a current Prehospital Trauma Life Support (PHTLS) provider certificate or equivalent; **or**
- (c) Be an Oregon registered nurse, nurse practitioner, physician, or physician associate in good standing with their licensing board; and**
- (A) Have a minimum of three years of EMS-related working experience at or above the scope of practice for a licensed paramedic within the past 10 years or equivalent; and**
- (B) Hold a current Advanced Trauma Life Support (ATLS) or Prehospital Trauma Life Support (PHTLS) provider certificate or equivalent; and**
- (C) Hold a current Advanced Cardiac Life Support (ACLS) provider certificate from the American Heart Association or equivalent.**

The OHA has also amended section (1) to further clarify intent. A course director for an EMT, AEMT or EMT-Intermediate course may be an EMS provider currently licensed at the level of course being taught or higher.

- (1) A course director for an EMT, AEMT, or EMT-Intermediate course must:
 - (a) Be currently licensed as an Oregon EMS provider at the level of course being taught **or higher**, in good standing with the Oregon Health Authority (Authority), or be a registered nurse, nurse practitioner, physician, or physician associate;
 - (b) Have a minimum of three years of prehospital care experience;
 - (c) Hold a current Basic Life Support (BLS) provider card or proof of course completion that meets or exceeds the American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) Emergency Cardiovascular Care (ECC) guidelines (this course must include a practical skills evaluation); and
 - (d) Have successfully completed one of the following:
 - (A) The National Association of EMS Educators Level 1 Instructor Course;
 - (B) The National Fire Protection Association (NFPA) Fire Instructor I course;
 - (C) At least 40 hours of the Instructor Development Program offered by the DPSST;
 - (D) A minimum of three college credits in adult educational theory and practice or vocational educational theory and practice from an accredited institution of higher learning; or
 - (E) Other instructor course approved by the Authority.

EXHIBIT 1

From: [Tom Tom](#)
To: [Public Health Rules](#)
Subject: Mellony Bernal RE: EMT rule change
Date: Friday, August 23, 2024 9:02:36 PM

You don't often get email from tomfrantzashland@gmail.com. [Learn why this is important](#)

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I am volunteer EMT.

My volunteer station requires hundreds of dollars a month to travel to and from. I am still deficient in CE hours for 2025. I am competent in my testing ability I am sure, or to-be-sure. But these difficulties in CE and relicensure will make the volunteer EMTs slowly fade and disappear in today's expensive and costs associated with volunteering.

My education took a year, and I am sure there will be fewer of those "volunteer's" that are required CE hours, and long drives (Including life-threatening—) For instance last January I was hydroplaning on 140 in my 2007 car that has very dim headlights into truck-traffic at O dark-30, and I was saying to myself, "THIS is crazy..." I pulled over and reconsidered my "volunteer" job and attaining the necessary CE hours for State of Oregon relicensure.

In summary, I am not sure I will attain my CE hours for 2025. I am also sure I am competent. Expert. Willing. And durable, but I am an example of a dying breed of volunteers—hampered by CE hours—and the inability to just show up "safely" and prove competency.

BEST

P.S. I will not be able to attend the professional input meeting.

--

Tom Frantz NREMT

541 621 1967

From: [Riis, Rusty](#)
To: [Public Health Rules](#)
Subject: Public Comment (OAR 333-264 and 265 - Education Requirements for Persons Seeking EMS Provider Licensure)
Date: Friday, August 30, 2024 7:56:44 AM
Attachments: [image002.png](#)

You don't often get email from rriis@roguecc.edu. [Learn why this is important](#)

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

Hello,

This is public comment related to the proposed rule changes related to OAR 333-264 and 265 - Education Requirements for Persons Seeking EMS Provider Licensure.

My comments are as follows:

1. EMT Licensure requirements: The proposed rule change, which differs from NREMT guidelines, could have significant implications for the future of EMS education and workforce shortages. NREMT allows people under the age of 18 and those without high-school diplomas to obtain their EMT, providing opportunities for students, while in high school, to obtain their NREMT certification. However, this rule would restrict high-school students from serving their community in CERT programs or other pre-college programs in Oregon, forcing them to complete NREMT certification but not obtain Oregon Licensure. As Oregon progresses into a new era of high-school CTE and college integration, it's important to consider how this proposed rule change could impact the barriers these students are currently facing.
2. Preceptor requirements: Currently, the rule requires people to have at least two years of experience at the level they will be precepting. While that may be excessive, removing that entirely is dangerous and not in line with national standards. There should be a minimum of six months to one year at the level of preceptorship. The proposed rule only states that two years in EMS could encompass EMT time. Theoretically, this could mean a paramedic who obtained licensure one week ago could precept a brand-new paramedic. To ensure the safety of our patients and students, I suggest adding in six months at a minimum of one year to reduce educational institutions stepping in and creating their own standards.

I appreciate your time and consideration of these important matters. Thank you.

Rusty R. Riis

Department Chair/Faculty
Rogue Community College Emergency Services
541.956.7332- Office
Schedule a meeting with me [here!](#)

<http://www.roguecc.edu/EmergencyServices>



This email may contain information that is privileged, confidential, or otherwise exempt from disclosure under applicable law. This email was sent in good faith to the address you provided to Rogue Community College. We trust that you have password-protected access to this email account and that any transmitted confidential information is secure. If you are not the named addressee, you should not disseminate, distribute, or copy this email. Please notify the sender immediately by email if you have received this email message by mistake, and then delete this email and any attachments from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing, or taking any action in reliance on the contents of this information is strictly prohibited.