

HB 4081 A STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

Action Date: 02/14/24

Action: Do pass with amendments and be referred to Ways and Means by prior reference.
(Printed A-Eng.)

Vote: 11-0-0-0

Yeas: 11 - Bowman, Conrad, Dexter, Diehl, Goodwin, Javadi, Nelson, Nosse, Pham H, Tran, Yunker

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 2/5, 2/14

WHAT THE MEASURE DOES:

The measure modernizes Oregon’s emergency medical services (EMS) system by establishing a program and advisory board, supported by the advice and technical expertise of advisory committees, to support regional advisory boards responsible for the development and oversight of regional EMS plans. It also directs the new EMS program to establish and maintain an EMS data system.

Detailed Summary:

Emergency Medical Services Program 2025

- **Emergency Medical Services Program (Sections 2-3):** Establishes the Emergency Medical Services Program (Program) in the Oregon Health Authority (OHA) to administer a comprehensive statewide EMS system developed by the Emergency Medical Services Advisory Board (Board). Specifies elements of the EMS system, duties of the Program director, and Program responsibilities. Requires the Program to report to the Legislative Assembly biennially.
- **Emergency Medical Services Advisory Board (Sections 4-5):** Establishes a 19-member Emergency Medical Services Advisory Board in OHA. Specifies membership and duties. Requires the Board to convene specified permanent advisory committees.
- **Permanent Advisory Committees (Section 6-9):** Establishes specified permanent advisory committees under the Board to provide advice and technical assistance to the Program on specified topics:
 - Time-Sensitive Medical Emergencies Advisory Committee (**Section 6**)
 - Emergency Medical Services Advisory Committee (**Section 7**)
 - Pediatric Emergency Medical Services Advisory Committee (**Section 8**)
 - Behavioral Health Emergency Medical Services Advisory Committee (**Section 9**)
- **Adoption of Classification Standards (Section 10):** Requires the Board, with advice from the advisory committees, to determine national recognized classification standards to recommend for adoption for the provision of trauma, stroke, cardiac, pediatric and behavioral health care, and other identified time-sensitive emergencies. Establishes timelines and other requirements to adopt a data system adoption to support classification standards.
- **EMS Regions (Section 11):** Requires OHA, with advice from the Board, to designate EMS regions consistent with local resources, geography, current patient referral patterns, and existing regionalized health care structures and networks. Requires OHA and the Board to establish an advisory board for each EMS region. Specifies the duties of regional advisory boards, including the development of a regional EMS system plan with specified elements.
- **EMS Data System (Sections 12-13):** Requires the Program to establish and maintain an EMS data system and requires OHA to adopt rules. Specifies the criteria for establishing the data system. Authorizes OHA to request inclusion of specified demographic data in the EMS data system. Permits the Program to create internal data

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systems in addition to the EMS data system.

- **Confidentiality (Section 14):** Establishes confidentiality requirements for information, data, and reports related to the Board and regional advisory boards. Requires final Board and regional advisory board reports to be available to the public and free of any personally identifiable information.
- **Incentive Structure (Section 15):** Requires the Program to establish incentive structure to encourage compliance with adopted classification standards (Section 10) and regional EMS plans (Section 11). Specifies the structure of incentives and exception standards for regions or entities not in compliance.
- **Immunity from Liability (Section 16):** Establishes immunity from liability for acting in accordance with EMS plans or providing information in good faith to the EMS data system.
- **Board Terms (Section 30):** Establishes terms for Board members (Section 4).
- **Advisory Committee Appointments (Section 31):** Gives appointment authority for advisory committees to the OHA Director.
- **Deadlines (Section 32):** Establishes deadlines for first meetings of advisory committees, first meetings of EMS regional advisory boards, and development of EMS regional plans:
 - Advisory committees – first meeting no earlier than January 1, 2025
 - Regional EMS advisory boards – first meeting no earlier than January 1, 2026
 - EMS regional plans – developed by January 1, 2027
- **Progress Report (Sections 33 - 34):** Requires OHA to report on progress of implementing the EMS Program by December 31 of each even-numbered year until 2030.

Emergency Medical Services Program 2027

- **Long Term Care and Senior Care EMS Advisory Committee (Sections 36):** Establishes Long Term Care and Senior Care EMS Advisory Committee under the Board to provide advice and technical assistance on EMS for long term and senior care patients beginning January 1, 2027. Requires the advisory committee to establish specifies guidelines.

Takes effect on 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Current patchwork system of EMS regulation
- Regionalization in trauma system

EFFECT OF AMENDMENT:

Clarifies Emergency Medical Services Advisory Board membership and duties. Amends membership of Pediatric Emergency Medical Services Advisory Committee and clarifies duties. Clarifies permitted use of specific categorization or designation by EMS center. Clarifies criteria and responsibilities in EMS data system development. Moves up deadline for advisory board and committees to have first meeting from January 1, 2026, to January 1, 2025. Requires OHA to report in even-number years on implementation of measure until December 31, 2030. Amends membership of the Long Term Care and Senior Care Emergency Medical Services Advisory Committee.

BACKGROUND:

Currently, the Emergency Medical Services and Trauma Systems Program in the Public Health Division of the Oregon Health Authority develops and regulates systems for quality emergency care in Oregon. This includes the Oregon Trauma Program, which is responsible for establishing system standards, collecting data for the Oregon Trauma Registry, and designating trauma hospitals. Trauma hospitals have immediate and around-the-clock availability of surgeons, anesthesiologists, nurses, and resuscitation life-support equipment. Trauma hospitals are categorized as Level I, II, III, or IV.